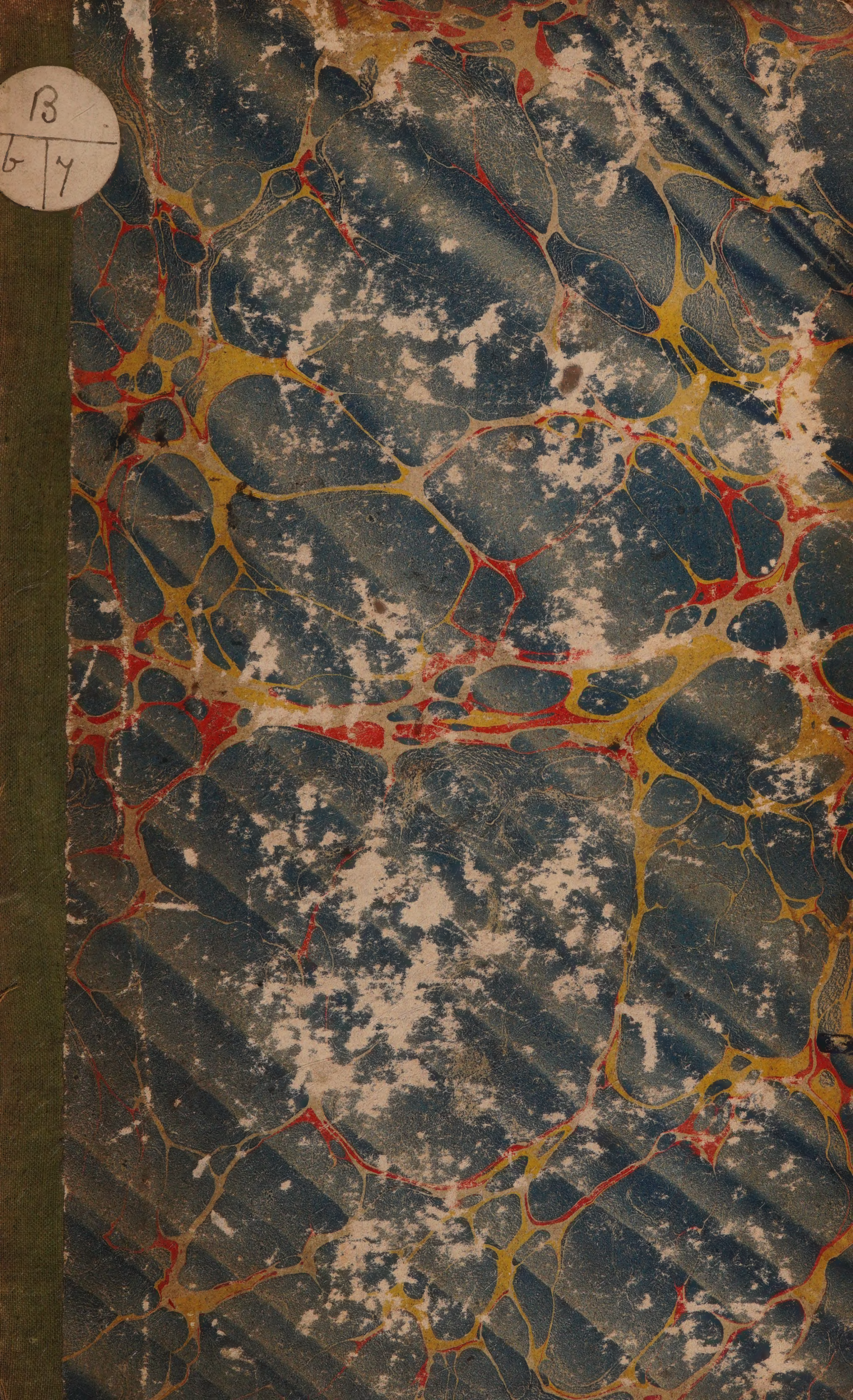


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A  
TREATISE  
ON THE  
PHYSIOLOGY AND DISEASES  
OF  
THE EAR;

CONTAINING  
A COMPARATIVE VIEW OF ITS STRUCTURE  
AND FUNCTIONS,

AND OF ITS  
**Various Diseases,**

ARRANGED ACCORDING TO THE  
ANATOMY OF THE ORGAN, OR AS THEY AFFECT THE  
EXTERNAL, THE INTERMEDIATE, AND THE  
INTERNAL EAR.

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*FOURTH EDITION.*  
WITH CONSIDERABLE ADDITIONS AND IMPROVEMENTS.

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BY JOHN HARRISON CURTIS, Esq.,

AURIST TO HIS MAJESTY, AND THEIR ROYAL HIGHNESSES THE DUKE AND  
DUCHESS OF GLOUCESTER; SURGEON TO THE ROYAL DISPENSARY  
FOR DISEASES OF THE EAR; LECTURER ON THE ANATOMY,  
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OF THE MEDICAL SOCIETY OF LONDON; AND  
MEMBER OF THE PHILOSOPHICAL SOCIETY  
OF LEIPSIC, &c. &c. &c.

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1826.







## EXPLANATION OF THE PLATE.

- a.* Hearing trumpet.
- b.* French Artificial Ear, with gold tube ;  
internal side.
- c.* French Artificial Ear, with gold tube ;  
external side.
- d.* The Tubes.
- e.* Spanish Ears.
- f.* Internal part of the German Silver Ear.
- g.* External part of the German Silver Ear.
- h.* Trumpet Case.



## REVIEWS OF FORMER EDITIONS OF THIS WORK.

“ The Diseases of the Ear are more intricate than those of any other organ of sense ; every thing, therefore, new on the subject has a claim to attention, particularly when it is written with a laudable view of imparting information to deaf persons. We agree with the author, that an attention to one branch must acquire a facility of discrimination and a nicety of treatment ; for the man who performs the same operation every day, will do it with more expertness and success than one to whom it only occurs in the course of months. The author of this work, besides his other useful information, has described various ingenious mechanical contrivances for assisting hearing, many of which are entirely new in this country.”—*Antijacobin Review*.

“ It is certain that many cases of deafness are susceptible of relief by judicious treatment. Perhaps the disposition now prevalent to seek for the cause of many local diseases in disorders of remote parts of the system, especially in the gastric organs, has led to the greatest improvement in the treatment of this as well as in many analogous affections. This indication is well followed by Mr. Curtis in all cases of deafness : excepting those of an organic nature, expressly local, his attention is directed to the state of the constitution, and many cases of what are vaguely termed *nervous deafness*, of several years standing, have been perfectly relieved. He has applied the principles above inculcated in an active and judicious manner, and the results of his experience appear to have been particularly favourable.”—*London Medical and Physical Journal*.

Mr. Curtis, whose perseverance commands our applause, has published a Second Edition of his Treatise on the Physiology and Diseases of the Ear. It had been determined that Diseases of the Ear were incurable, but Mr. Curtis has published a Series of Cases sufficient to prove this error, and we congratulate the public on his success, as no diseases are more afflicting than those of this important organ.”—*Monthly Magazine*.

“ This work concludes with a detail of the most successful methods of Treatment, as exemplified in the cases of about sixty persons, who have been either partially or entirely recovered from that distressing state of distance and seclusion which the loss of hearing had occasioned. To those who are suffering under the painful privation to which his pages refer, we doubt not Mr. Curtis's Work will prove particularly acceptable.”—*New Monthly Magazine*.



## INTRODUCTION.

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THE improvements in Medicine and Surgery of late years have been great and important, but more particularly in the latter. In proportion as civilization advances in every state, the number of diseases is augmented, and the profession acquires greater respect and estimation from its more extensive utility.

In former times, Surgery, the most ancient branch, (for external accidents in savage life always precede internal disease) was simple, and of limited extent. As improvement took place, this department became gradually enlarged; and in point of science and principle, as it is now culti-



vated, it stands on a firmer basis than medicine. For the benefit of society, it has been subdivided, by its professors, into various departments; which, by calling for a more minute attention to particular subjects, has enlarged our views of them, and made us more capable of affording effectual relief, under circumstances formerly considered as beyond the reach of the Healing Art.

One circumstance that retarded the progress of surgery for some time, was the cultivation of anatomy by the early physicians; as witness, the great and invaluable discovery of the immortal Harvey, in the circulation of the blood, which entirely changed the system of medicine at that time; the discoveries also of Glisson, and others of the earlier physicians, tended to promote this end. The physicians pre-



sided at that period in the dissecting room, and of course took a lead in whatever regarded surgery, as well as medicine; but the increase of clinical practice to the physician induced him, in time, to lay aside his attention to the dissecting room. As soon as that took place, it naturally fell into the hands of the surgeon, to whom it was at last solely consigned. The moment the surgeon acquired this pre-eminence, by the field of anatomy being left to himself; that moment, what was hitherto regarded as little better than a manual art, expanded in its turn into an extensive branch of science, and admitted divisions equally numerous and varied, as those which had hitherto been confined to the department of medicine.

The consequence of this has been that surgeons, anxious to improve that part of



the profession assigned them, have, many of them of late years, limited their practice to certain portions or to the diseases of particular organs; a circumstance which has been of the highest utility to the interests of the community. Though, on this point, surgeons have chosen to be divided in opinion, it is more, perhaps, from self-interest than from doubt of its utility; for every division clearly simplifies, and where a subject is extensive and complex, simplicity and perfection on any one point can never be obtained in any other way.

This minute division of surgery first began with the diseases of the teeth, which certain individuals exclusively treated under the name of dentists, and who form now a numerous and respectable body of practitioners.



It was next followed by others, in a similar exclusive attention to the diseases of the eye, under the name of oculists; an organ which, from its nice structure and the delicacy and minuteness of its parts, requires both a skilful hand for the treatment of its diseases, and also an accurate and profound knowledge of its anatomy.

The perfection these branches have acquired is the best proof how appropriately this division has been made, from which the greatest public benefit has accrued: for the advantage which has resulted to mankind from the exercise of the oculist's profession, as a distinct branch, is incalculable; the operations on that delicate organ, the eye, are now conducted with a nicety and success unknown in former times; the formation of an artificial pupil, as first invented by Mr. Gibson of Manchester, and



subsequently improved by the late Mr. Saunders, and others, has saved the sight of numbers, on whom former operations had failed, and who, without this discovery, must have continued in total darkness for life.

The same happy result to society has been the consequence of the profession of the dentist. The teeth are essential to the appearance and symmetry of the countenance; without them, that contour and harmony of features, which the face ought to possess, is wanting; but the teeth are parts of the body which nature has intended should more quickly decay than the other parts, from their greater exposure to external causes, acting upon, and destroying their enamel, and osseous structure. When lost to the constitution, not only is the beauty of the visage impaired, but the process



of digestion becomes imperfectly carried on, the food is no longer comminuted as it ought to be, and stomach complaints, with a decay of general health, are too often the consequence.

The hand of the artist has here been the assistant of nature; the artificial substitutes are equal in their effect to the real organized productions originally implanted; nay, to such perfection has the art of man been carried, that in cases of certain complaints, where the palate or bony arch of the mouth has been destroyed, and the unhappy sufferer has been incapable of uttering and articulating, so nicely has mechanism supplied the defect, that no trace of it can be perceived, either in the articulation, or in the reception of food.

These facts demonstrate clearly the advantage of subdividing the objects of pro-



fessional pursuit or study, and bending a close attention to one point ; it is applying to medical science that which experience has proved to be so successful in the mechanical arts\*.

If we take, for example, the construction of a watch, there are no less than twelve different and distinct departments in its manufacture, and it is only by each department having but one wheel or other appendage to do, that this useful article is brought to its great exactness, perfection, and cheapness. The same plan is extended to all the leading branches of manufacture

\* This plan of subdividing its subjects has been long acted upon, also, in another liberal and scientific profession, the law, with much advantage. The counsellor, who stands on the same footing as the physician, often limits his practice to particular courts. The inferior departments are extensively branched out into numerous divisions, to give clearness, perfection, and despatch to the various and complex subjects, of which law, as a branch of science, consists.



in this country, of which our manufacturing towns afford the most striking examples; and it is a system, the utility of which has been strongly enforced and reasoned upon by the late celebrated Dr. Adam Smith, in his “Wealth of Nations.” Indeed this subdivision and minute attention to one branch may be considered as the great safeguard of the manufactures of this country: perfection and cheapness are united by it in a most eminent degree, which will stand against the rivalship of any other nation, till the same extent of population is employed as in this country, and of course the same perseverance to *one object*; this is a fact which no reason can refute, and the *principle of it is interwoven with our very nature.*

The mind of ~~man~~, it is clear, though capacious and possessed of very extensive



powers, cannot embrace the whole circle of science, or retain it with that exactness which is necessary to excel; he must select a part of the circle, if he wishes to shine, and must bend his attention to that subject alone, in scientific pursuits \*. However, I do not intend, by this observation, to convey an idea, that the student should endeavour to get acquainted with the department he selects only as a mechanical art, or that he should not travel beyond its bounds: on the contrary, a professional

\* A memoir of the author will be found in the *European Magazine* for April, 1819, which will show he enjoyed the most ample opportunities of medical improvement. First, under his father, an eminent physician in the country, and brother to the late celebrated botanist, Mr. W. Curtis, and next under the different lecturers of the metropolis: after which he obtained his qualifications as a surgeon from the Royal College of Surgeons, in London; and was appointed, in 1805, a medical officer in the hospital department of the public service, being employed, during the most interesting part of the late war, at Stapleton, Haslar, and Forton. Since he commenced practice, he has confined himself to this particular class of diseases.



education should be so conducted, as to make every one first acquainted with the general principles and scope of every part of the profession ; and this being once attained, and the general studies completed, *then*, and *not till then*, he should limit his pursuit to one subject ; this subject, in consequence of his previous acquirements, he will then better understand ; he will be able to improve it by a comparison and illustration of it with the other branches he has studied, and make them all bear on this favourite or leading topic : his previous acquirements may be thus considered in the light of scattered rays, which will be all brought home to this central point or focus.

The person who is wedded to one subject acquires an intuitive knowledge from observation which cannot be conveyed



by signs or even explained by words. It is like the amateur, who, hearing a celebrated performer play on the violin, wished to make a purchase of his instrument; on purchasing it, however, he could not give it the same tones as its master; and when complaining to the latter of his cheating him, he archly replied, "Ah, you forgot, you should have purchased my fingers too."

In estimating the different senses, how important is the sense of hearing to man; it is the grand medium which connects him with society, and that extends information and intelligence far beyond what the eye, or any of the other senses, can do. Through this medium, he is enabled to conduct the great and complicated business of life. By it his harangue is heard in the senate, and his commands in the field. It forms the



mutual and unembarrassed communication of all sentiment and expression.

The organ of voice, the most pre-eminent distinction of man, is even useless, unless its powers are excited through the agency of this sense ; and where hearing is defective in early life, *dumbness* is generally the consequence.

A remarkable instance of the leading influence of this sense is recorded in the French Memoirs, and quoted by the Count de Buffon ; where the want of hearing seemed even to prevent the very development of the mind.

“ A young man of the town of Chartres, about twenty-four, who had been deaf from his birth, began all at once to speak, to the astonishment of all who knew him.

“ He informed his friends, that for three or four months before he had heard the



sound of bells ; and that he was extremely surprised at this new and unknown sensation.

“ Some time after, a kind of humour issued from his left ear, and then he heard distinctly with both. During these three or four months, he listened to every thing ; and without attempting to speak aloud, he accustomed himself to utter softly the words spoken by others. He laboured hard in acquiring the pronounciation of words, and in learning the ideas annexed to them. At length, thinking himself qualified to break silence, he declared he could speak, though still imperfectly. Soon after he was interrogated by some able divines, concerning his former condition. The principal questions turned upon God, the soul, and moral good and evil ; but of these subjects he seemed to have not the *smallest*



conception. Though he was born of Catholic parents, attended mass, was instructed to make the sign of the cross, and to assume all the external marks of devotion, he comprehended nothing of their real intention. He had formed no distinct idea of death, and existed purely in an animal state: wholly occupied with sensible objects, and with the few ideas he had acquired by the eye, he drew no conclusions from them. He did not want parts; but the understanding of a man, when deprived of the intercourse of society, has so little exercise or cultivation, that he never thinks but when sensible objects obtrude themselves on his mind. The great source of human ideas arises from the reciprocal intercourse of society.”—Page 283, vol. 3.

Thus the defect of hearing appears to have locked up, as it were, the mental and



rational powers ; a strong proof of the necessity of the intercourse of society, to give the mind its information and proper feeling, and to rouse its different energies. The same thing is confirmed by the account given of a savage boy found in the woods of Ardennes, in France, who for want of this social intercourse, which can only take place through the influence of *hearing*, possessed neither the powers of language, nor any other feelings or ideas beyond those of other animals\*. An account of

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\* So successful has the author been in his practice, that he was induced some time since, to address the following letter to the Committee of Governors of the Asylum for the Deaf and Dumb. His object was that in addition to the consulting surgeon at present appointed to that establishment, there should be an attending surgeon or aurist, who should minutely examine every child offered for presentation, prior to their being admitted into the asylum, and report his opinion to the committee how far curable or otherwise.

Since the publication of the following letter, the author



this case was published some years ago, by Dr. Reid, of the Royal College of Physicians.

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is more strongly convinced of the necessity of this examination and selection ; for, by the last report of the Deaf and Dumb Asylum, April 11, 1826, it is stated, that, out of 17 families, there are no less than 78 deaf and dumb children. From this fact, it is much to be wished that a part of the Asylum should be set aside for the medical and surgical treatment of cases in early infancy, and not confined to a symbolical education in youth.

Soho Square, Jan. 11, 1817.

GENTLEMEN,

In presuming to address you on the subject which so materially interests the Institution for the Deaf and Dumb, your patronage of which does you so much credit, I beg leave to premise, that my object is not to interfere in the least with the present medical establishment ; as I have the highest opinion of the professional talents and deserved reputation of the medical officers you have been pleased to nominate : but these gentlemen, I have no doubt, are too liberal in their sentiments, not to admit that the defect of being deaf and dumb calls for an exclusive attention to these particular organs, greater than can be paid by any practitioner in general practice, however distinguished his abilities or extensive his science, from wanting that *particular experience* which one *exclusively* confining himself to this department of surgery must possess.



In estimating the value of the different senses, the best criterion to go by is the opinion of such persons who have been partially deprived of them.

A blind man, who has been for years in that state, when desired to make a choice whether he would prefer the restoration of sight, on condition of the loss of hearing,

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In consequence of this, I beg leave most respectfully to suggest to your consideration the advantage that would result to the Institution, were an aurist appointed to attend, and minutely examine the particular defect in each child admitted into your establishment ; by this means an opportunity would be given of trying such methods as appear best calculated to give relief ; and by this plan I conceive many of the objects of your laudable charity might probably be found curable, restored to society, and rendered useful ; by which the bounds of your humane establishment would be extended, and greater scope given to your highly benevolent views.

I have the honor to be, gentlemen,

With great respect,

Your most obedient humble servant,

JOHN HARRISON CURTIS.

*To the Chairman, and Committee,  
for the deaf and dumb.*



has been heard to say, that he considered himself happy, though blind, while he was able to converse with his friends.

Though this is in general the case, it is amazing, in some instances of early blindness, to what perfection hearing has arrived, with a view to supply the deficiency of the other sense.

The situation of the ear is more internal and its powers more concentrated than those of the eye; its nervous expansion is more limited, and the bodies which act upon it are denser and more solid than those of light; hence the sensations conveyed by it are limited, though more durable than those of the eye.

If experience and improved knowledge have shown how much can be done to rectify the imperfections and diseases of the eye—the same experience, and the



same ardent desire of improvement, cannot fail to be equally successful in those of the *ear*.

But the ear, though the most important of all the senses, has hitherto claimed but little attention from the profession. The diseases of every other organ are well understood, together with the modes of repairing their defects; but the imperfections of this sense having been little attended to by the regular profession, the treatment has been, for the most part, confined to the hands of empirics. However, I am happy to see that several respectable practitioners have of late paid some attention to this neglected branch of practice; although it is to be observed with regret, that others have attempted it, who are not of the profession, and consequently wholly ignorant of the subject; and that these



pretenders have had the effrontery to condemn a practice of which they could form no correct idea : such intrusions are met with in every department of science, and are attended with much injury to the interests of society.

It has been unfortunately laid down as a maxim, that the diseases of this organ are incurable. But this opinion has no just foundation ; and, in fact, might have been applied with equal propriety to the other organs, on which we daily see such admirable cures performed. Indeed, there can be no doubt but experience, joined with an ardent desire to improve, will be attended with the same success in this as in every other branch of medical science.

But to such a length has prejudice been carried on this subject, that in cases of deafness in early childhood, where much



might have been done, and the misfortune of settled disease in a great measure averted, no attempt has even been made to ascertain the defect, or try the smallest means of relief, under the fallacious and unfortunate idea for the sufferer, that he will outgrow the disease, or that the organ will acquire an acuteness or increased powers as life advances, which it does not possess at that period.

No opinion deserves more to be condemned, or is more against the interest of society: there are indeed diseases of this nature, but they are of the constitutional class, and depend on a general fault of habit; they are not local, or affections of one part. Thus scrofula or king's evil, as puberty advances, and the system acquires greater tone and firmness from the changes which take place at that period, loses much



of its virulence and morbid action ; and, therefore, in a certain degree, the constitution may be said, as it acquires strength, to outgrow the disease ; but even here it is found that unless medicine lend its aid numerous victims would be lost before the salutary time of life or out-growing era did arrive.

This popular prejudice may be considered as one cause that impedes the progress of medicine, for it prevents patients from applying to the practitioner on the commencement of a malady ;—the idea of nature curing diseases in general, though proper to be entertained to a certain length by a professional character, should be opposed as a general opinion, from conveying a want of confidence in a science, which is justly considered as the most useful.

The diseases of the ear, like those of other parts, are often constitutional; and the general treatment of the constitution will, therefore, influence the malady of the particular part. Thus a certain well known malady, in its constitutional form and ultimate stage, attacks the ear, and deafness is produced by this specific cause.

The same course of medicines that remove other constitutional symptoms has an equal effect on this organ; and if there is no other constitutional symptom but deafness, then employing internal medicines, according to the regular method observed, will remove this complaint.

If a derangement of any principal organ take place, it will produce a sympathy in other parts of the machine, and an attention to the state of this organ will relieve the symptoms arising from sympathy: hence



the antiphlogistic treatment succeeds even in cases of apparent weakness, by rousing and invigorating the action of the deranged organ, which is soon extended to the rest of the system.

It is curious to remark, that though the structure of the ear has occupied the attention of the most ancient anatomists and medical writers, little advantage has been derived from their researches in a practical point of view. We find in examining the early authors that Alcmeon in particular, an illustrious Crotonian philosopher, studied this organ : he lived shortly after the time of Hippocrates, who flourished 400 years before the birth of Christ. Aristotle frequently quotes the anatomical ideas of Alcmeon, and in Scaliger's edition of that author's works, the Stagyrite expressly devotes his time to confute the notions of

Alcmeon. Aristotle himself treats the subject of this organ of sense more correctly, for we find him dividing the external ear into a *pars innominata* and *lobus*, which he says are wholly composed of cartilage and flesh ; the inner part he likens to a shell, from which there is no passage into the brain, but one into the cavity of the mouth, meaning, the tube which Eustachius took the credit of discovering. But without entering into a minute detail, it may be sufficient to observe, that the following is a numerous list of ancient authors who have all treated on the ear, though little advantage can now be derived from the perusal of what they have left us.

The remarks of Ingrassius will be found in Galen, *Libr. de Oss.* p. 57. In Nemesius' work, who flourished, according to



Mercurialis, in the times of Gratian and Theodosius, about 150 years after Galen, we learn he wrote on the senses, and in cap. x. *de Auditu*. Also Bernardus Gordonius may be consulted, p. 291 *de Aure*.— Bartholomæus Anglicus de v. sensibus in totidem capitibus. Nicolaus Nicolus, Serm. 3, tract. primi, cap. v. *de Sensu Auditus*.— Johannes Matthæus de Gradibus, *de Anatomia Auris*, c. 103. Johannes Anglicus, otherwise Johannes de Gadisden, *de Anatomia Aurium*.—Likewise Alexander Achillinus; this author first gave the names of malleus and incus to the two bones in the ear, and Jacobus Berengarius, commonly called Carpus, also notices these two bones adjacent to the tympanum, which move, he says, by the percussion of the air, and thus occasion sound. Nicolaus Massa likewise ascribes the discovery of these

two bones to Achillinus, Vide Epist. 5.—Folius, Cassebohm, Mery, Rivinus, Valsalva, C. Placentini, and Buchner, also wrote on the ear, but are authors of a more modern day.

From the ancients, when we revert to modern times, we have to remark with some regret that the published works on this subject are few in number, and are very incomplete. Duverney, among the French, is the only author who has treated the subject scientifically, until our own time, when Dr. Monro, of Edinburgh, first published his very accurate Treatise on the Anatomy of the Ear; and was followed by the work of the late Mr. Saunders, which, besides the anatomy, elucidated the diseases of the ear, and introduced into the department of acoustic surgery considerable improvement. His work, however, is more



adapted to the profession than for general reading; and as it is of importance that those who unfortunately labour under a defect of hearing should have some knowledge of the particular causes of the disease, the author flatters himself that the present work will be found an acquisition of no small value to those for whom it is more especially intended.

Since the first edition of this work appeared in 1817, several works have been published on the subject in France, Italy, Germany, &c. Amongst these may be mentioned the writings of Weber, Malatides, Majendie, Lallemand, Deleau, Alard, and Itard; likewise much useful information on this highly important subject has lately appeared in the different medical journals. As it may be interesting to the reader, however, to know what is doing on the Continent, I have in-

terspersed in this edition such extracts from these works as appeared to be most useful.

The work is necessarily concise; but any gentleman, desirous of further investigating this interesting subject, may have an opportunity of so doing, by attending the lectures of the author, and the practice of the Royal Dispensary.



# TREATISE,

&c.

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## CHAPTER I.

### *Of the Structure and Uses of the different Parts of the Ear.*

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A HOLLOW cavern seems the general structure of the organ of hearing, as best fitted for receiving, and reflecting sound.

So necessary is this cavernous shape of the external ear to the reception of sound, that we are told the celebrated tyrant of Syracuse, Dionysius, caused a cavern to be formed in a rock, corresponding to the shape of the human ear, where he used to confine his state prisoners; and from the

strong vibration, and echoes of the sound, he was enabled to learn the secret conversations they held, and thus condemn or acquit them accordingly.

In the different tribes of animals, it is liable to considerable varieties in the appearance and manner of its formation, and in its appendages.

In man it is more perfect in its structure, than in any other animal: and it is, also, of more importance to him than to any other of the creation.

All animals, as far as we know, possess this sense; it was formerly doubted with respect to fishes. The organ of hearing in fishes was first discovered by the late Mr. John Hunter, and is prosecuted at considerable length in his work on the organ of hearing in fishes, by the late Professor Monro, of Edinburgh. Thus the modern



researches and discoveries in comparative anatomy, have sufficiently established their possession of this sense, as well as the other classes.

The impressions the organ of hearing receives, are conveyed through the medium of air, which acquires from the action of the body communicating sound, a tremulous motion or vibration ; and as these motions or vibrations succeed each other, sound is impressed or directed to the thin membrane stretched obliquely across the auditory passage, named the tympanum, where it produces a similar motion, which latter motion carried on, excites a corresponding feeling in the mind.

That sound can only be conveyed through the medium of air, is fully confirmed by the experiments of the diving-bell; for if a sonorous body is placed in it, as a bell for

example, in consequence of its being exhausted of air, no sound is produced, nor can the ringing of the bell be heard.

Though *hearing* is more perfect in man than in any other animal, it is not so at the period of birth; an infant hears at first very imperfectly, and only strong sounds; but this arises, in part, from the passage, or meatus externus, being covered with a viscid mucus, or discharge from the ceruminous glands of the ear, in a similar manner as the meconium fills up the intestines: on the removal of this layer or deposition, the sense soon appears perfect, but not so strong as at an after period of life. Indeed, as we find the meconium, with some children at birth possesses a morbid viscosity; so in the same manner the secretion most analogous to it will partake of a similar state, and may, therefore,



be suspected where congenital deafness occurs by examining the state of the first passages, or *primæ viæ*.

In all animals, the ear is divided into an external and internal part, and the difference in the structure of the organ of hearing is greater in the external ear than in the internal.

In quadrupeds this difference of structure is more conspicuous than in the rest, and this difference or variety seems intended to adapt the animal the better for its particular circumstances or mode of life.

On examining the external ear in quadrupeds, it is found to resemble the oblique section of a cone, from near the apex to the base. Hares, and other animals exposed to danger, and liable to be attacked by man or beasts of prey, have large ears,

and they are particularly directed backwards ; while their eyes at the same time, full and prominent, warn them of any danger in front. Rapacious animals, on the contrary, have their ears placed directly forwards, as is observable in the lion, the tiger, the cat, and others. Where the peculiar nature of animals is such as to require that sound be distinctly heard from a low situation, as, for instance, slow hounds and others, they will be found to have either large pendulous ears, or to have them flexible, since they move their heads with more difficulty than man.

Much advantage may be taken of this circumstance in the construction of mechanical contrivances for assisting hearing : some animals keep their head to the ground, as if impressing the sound more strongly on the organ ; and in the case of



deaf persons, such contrivances should be made nearly of a length to touch the ground, which would give ample compass for the reception and retention of sound.

Fowls, again, differ from quadrupeds in having no external ear; but in place of it there is a tuft of very fine feathers, which covers the passage to the ear; this covering allows the sound to pass easily through; and it also prevents any insects, or external matters which might prove a source of injury, from getting into it.

To fowls an external ear would have been inconvenient, as causing an obstruction in the course of their flight, in passing through thickets, and other nearly impervious places. In their auditory passage also there is situated a liquor to lubricate it, and from its disagreeable quality, to prevent the entrance of insects.

This secretion of the ceruminous glands in man, is of the first consequence to the organ of hearing, and should be always kept in view in judging of its diseases; from the moment these glands are formed, even before birth, as may be seen on dissection, their secretion is poured out, and accordingly after birth an accumulation in the ear is a frequent source of deafness till removed; it varies in quantity in different individuals, according to habit of body and other circumstances, in the same manner as happens in the quantity of the other secretions, which, in a certain degree, are influenced by constitution, mode of life, and a variety of other causes; it is a very frequent source of deafness, and in all cases should be strictly inquired into.

On examining the different tribes of animals, we find that fishes, as already no-



ticed, have a complete organ of hearing, and equally perfect as that of the other classes. It is well known, that the ear of the whale kind strongly resembles in its structure that of man. It has been examined minutely by Dr. Tyson and Dr. Cowper, and still more accurately by Professor Monro. A small round hole is the aperture to a long external opening, or meatus, which terminates in a concave membrana tympani, connected at the bottom with a chain of small bones, as in the human subject, and having also a cochlea, or internal ear, with semicircular canals. The tympanum at the bottom is remarkably large, and communicates freely with the other cavities. There is also a tube, similar to the Eustachian one, which gradually enlarges as it reaches towards the tympanum. Thus, while the whale

floats on the surface of the ocean, the several parts of his ear receive the same impression as that of man; but to fit him peculiarly for his situation of occasionally diving deep, the external meatus is both small, and he has also the power of shutting it at pleasure, which is particularly conspicuous in the largest whales that possess a small hard body within the meatus, upwards of an inch in length, attached by its small end to one side of the passage, which serves as a valve to shut the ear when diving deep, and thus prevents over distention and rupture of the membrane of the tympanum. Nor is the ear in the skate less perfect than in the species of the whale. There are two orifices at the upper and back part of the head, which are the external meatus, and form a passage into a sac or vestibule, which again



communicates into a smaller one, and at the same place into a common canal. These sacs are filled with a soft cretaceous matter, and this matter seems to pervade every part of the internal ear, as necessary to render the impression complete. All these cavities are furnished with large nerves, larger in proportion than those in the human ear, and the only parts wanting here are the membrane of the drum and cavity of the tympanum, which were unnecessary when sound is conveyed through a different medium than air. Thus in them there is a vestibule and cochlea, corresponding to similar parts of the internal ear in man. There is also distributed upon these sacs, a part of the auditory nerve, resembling what is termed the *portio mollis*, or branch of the seventh pair of nerves, in the human subject: they have likewise semi-

circular canals, a leading part of the internal ear, filled with a fluid which communicates with these sacs; and they have also an external passage, which communicates with this internal part.

In the cod species, instead of this soft cretaceous substance, I have noticed, there is found a hard crustaceous stone; but there seems no appearance of an external passage, as in the skate.

The whole organ seems to consist in them of three semicircular canals and a sac of considerable size, in which is lodged this crustaceous stone, and on it is expanded a considerable nerve, in a neat and elegant manner. A viscid humour is likewise every where present, and seems essential for the purpose of hearing in this species of fish.

The most novel information on this



point, is derived from the researches of M. Desmoulins on the Nervous System of Fishes, and related by M. Majendie in his *Journal de Physiologie*. He found that in all fishes, the ray and the squalus scyllium excepted, the acoustic nerve is separate and distinct from the fifth pair, and never anastomoses with the first branch of the pneumogastric nerve, by its posterior filament. Scarpa was therefore wrong in asserting generally that the contrary is the fact.

In all the other organs of sense, with the exception perhaps of hearing, the nervous substance is by means of a vascular tissue brought into direct contact with the blood. This tissue also is spread over a larger space, and is more abundant in proportion to the quantity of nervous matter.

The proportion of nervous matter, necessary for the least of the sensitive func-

tions, is greater than what is required for muscular excitement, according to the ratio of the surface at the termination of the nerve, a sensitive surface requiring much more nervous substance than the best supplied muscular surface of equal extent. The solidity of muscular substance requires a similar proportion of nerve. The ratio of the solidity of nerves to their extent of surface, is also determined by the energy of the sensation, or of the movement intended.

M. Majendie infers from these facts that the structure and mechanical state of every sensitive organ depends on a maximum of development of the nerve; of the vascular tissue in contact with the nervous expansion; and of the enlarged portion of the cerebro-spinal axis, where the nerve is inserted.



According to the difference of species of fishes, nerves though similar in structure, have different functions; whilst, on the other hand, nerves whose structure appears to differ, always exercise functions of the same kind. When there is difference of function, therefore, we must not infer that there is also difference of apparent structure in the nerves. As to different nerves, when they are developed to the maximum, their structure was always found to be uniform. The difference of function then is dependant on the structure and mechanical state of the expanded parts of organs. It follows, that the mechanism of the nervous action, whatever it may be, has a similar character with regard to all the nerves, in the space intervening between their terminations in the

organs and their insertions in the cerebro-spinal axis.

In prosecuting our inquiries farther, the ear has been discovered in insects ; it lies at the root of their antennæ, or feelers, and can be distinctly seen in the lobster, and some others of the larger kind.

In the sea tortoise, the frog, and other amphibious animals, its structure is peculiar, by there being no external meatus, but an expanded Eustachian tube at the back part of the roof of the mouth, near where the under and upper jaws articulate. This tube has a winding course behind the upper jaw, and leads to a large cavity resembling the cavity of the human tympanum, covered by the skin of the temple and a tough substance. The latter then passes into the bottom of the tympanum,



and next into a smaller cavity filled with a watery humour, and last it opens into a third cavity, having three semicircular canals, and a sac containing a soft cretaceous substance, on the membrane of which are distributed the nerves. Thus making a comparison of it with the human ear, the tough substance or cartilaginous body supplies the small bones of our ear, and the membrane to which it is connected is analogous to the membrane of the foramen ovale. The sac and semicircular canals and nerves exactly resemble the human labyrinth, or internal ear.

On the whole, the more we extend our examination of this organ of *hearing*, we shall find it so constructed, in every class, as to be peculiarly adapted to the mode of life, and other circumstances connected with the situation of the animal.

Man has the most perfect external ear of all animals; as he must hear sounds equally from all quarters, and especially such sounds as are transmitted from his own height, so his external ear is both large, and placed in a vertical manner, turned somewhat forward. But to compensate the animal when compared with man, the former in general possesses, in this respect, a greater power of motion, and is furnished with a greater number of muscles. Thus animals can direct or apply the cone of the ear to the sonorous body without moving the head.

When the motion of the external ear takes place in man, which has been known in some rare instances, it does not seem to add any thing to the perfection of the sense, as it does in them.

In describing the human ear, it is di-



vided into three parts, the external ear, the intermediate, and the internal.

The external or outward ear is designed by nature to stand prominent, and to bear its proportion in the symmetry of the head; but in Europe it is greatly flattened by the pressure of the dress. It consists of elastic cartilage, formed with different hollows, or sinuosities, all leading into each other, and finally terminating in the concha, or immediate opening into the tube of the ear. This form is admirably adapted for the reception of sound, for collecting and retaining it, that it may not pass off, or be sent too rapidly to the seat of the impression.

The intermediate ear displays an irregular cavity, having a membrane stretched across its bottom; and this cavity has a communication with the external air,

through the tube which leads into the fauces, or throat. The tympanum, or drum, which stretches across it, is intended to carry the vibrations of the atmosphere, collected by the outer ear, to the chain of bones which form a peculiar mechanism in the tympanum.

The internal ear may be considered as the actual seat of the organ : it consists of a nervous expansion of high sensibility, the sentient extremities of which are spread in every direction, and in the most minute manner, inosculating with each other, and forming plexus, all for the purpose of increasing sensation.

Here also the sound is collected and detained, which the mastoid cells and cochlea present. To this apparatus is added the presence of a fluid, contained in sacs and membranes : and as this fluid



is in large quantity in some animals, there is no doubt it is intended as an additional means for forcing the impression ; and the known influence of water, as a powerful medium or conductor of sound, strengthens the idea. The internal ear of man, therefore, has all the variety of apparatus which is only partially present in the other classes of creation ; and its perfection is best judged of, by considering the variety which the internal ear of other animals exhibits. The internal ear of some animals, we find, consists of little more than a sac of fluid, on which is expanded a small pulp of nerve ; according to the situation of this cavity, as it lives in water alone, or is partly exposed to the air, so in the latter it has an external opening with the ear or otherwise.

All terrestrial animals possess an ex-

ternal opening leading to the internal ear. In fowls, the ear is more of a cartilaginous consistence than real bone. Hence any tremulous motion impressed on the air is communicated merely by the spring and elasticity of these cartilaginous parts, which do not require, in order to render the membrane of the ear tight, the same power or action of the muscles. In the internal ear the semicircular canals appear also very distinct, the same as in man. In all animals the internal ear is composed of a nervous expansion, contained in a hollow or cavity, and assisted in its impression by a sac and fluid also present there.

Hence of all species of deafness, that termed nervous, or which affects the delicate nervous expansion of the ear, is the most serious.

In consequence of the little success that



has attended the practice in nervous deafness, I have conceived in such constitutions the quantity of air admitted by the external ear is too great ; and in order to produce an equal balance between it and that admitted by the mouth, or through the passage of the Eustachian tube, I have been induced, lately, to adopt successfully a new mode of practice, pursued on the Continent, which I shall have occasion to mention in a subsequent part of this treatise.

Such being the structure necessary to the collection and reception of sound, the latter, it is observed, reaches the ear at equal distances, and in equal time. The common velocity of sound is at the rate of 1142 feet in a second, or about 13 miles in a minute. The knowledge of the velocity of sound is of great use in determining the

distance of objects, at sea ; for if a ship fires a gun, the light of which is seen 20 seconds before the report is heard, then it is known to be at the distance of 20 times 1142 feet, or about  $4\frac{1}{3}$  miles.

Sound is also transmitted with equal velocity when it traverses a large space, as when it pervades a smaller one, without any diminution. It is likewise transmitted with the same velocity by night as by day, and when the sky is serene, as when it is rainy or hazy. The degree of noise it produces has also no influence in altering the swiftness of sound, as it is equally quick from a cannon as from a smaller instrument. The velocity of it is, however, increased by the aid of the wind when pursuing its direction, and lessened when the wind is in an opposite quarter.

All sound is conveyed in waves or



vibrations ; and where these meet with an obstruction in their course, which is hard and of a regular surface, on striking against it, they become reflected. If the ear be placed in the course of these reflected vibrations, it will perceive a sound similar to the original one, which will appear to proceed from a body situated in the same position and distance as the reflecting medium or obstacle, and exactly as the original sounding body was before.

This sound is properly termed an echo, or a reflecting one, thrown upon the ear by the obstructing body.

Reflected sounds, like reflected rays of light, may be deflected, that is, magnified or turned off, by contrivances similar in principle to those made to increase the powers and extent of vision. Thus, where there is an elliptical cavity, sound uttered

in one focus or point of it will be heard much magnified in the other focus ; of this a striking example is given by the effect of sound in domes or vaults, as instanced in the whispering gallery of St. Paul's Cathedral. It is on this principle the speaking-trumpet is constructed, so useful at sea ; which in its form is a hollow parabolic conoid, having a perforation at the top, to which the ear is applied in hearing, or the mouth in speaking. This principle of reflected sounds applies to the ear itself. From the hard bodies situated in the internal ear, the sound is evidently reflected back to the other parts, so that the organ may be said to combine both principles of receiving the impressions directly, and again indirectly, by the reflection of the sounds which strike on its harder or bony parts, thus applied a second time, as it



were, to the auditory nerve. This idea is strengthened by the circular shape of the canals, where the sound striking on one focus will be magnified as it extends to the other, and in man they bear a larger proportion to the cochlea than in the quadruped or whale.

The same may be said in respect to the cochlea, and all the internal parts of the organ, which are certainly formed for this reflection and reverberation of sound. Indeed, it is only by comparing the structure with the parts we know, that a just idea can be formed of the peculiar and intricate fabric we observe, as we cannot suppose any part of the mechanism is made in vain.

Besides the effect of the hard and bony parts of the ear in increasing the power of sound, the tension of the different mem-

branes seems also an essential requisite. Thus various muscles are so situated as to put the parts on the stretch, that the sound striking upon them, like the parchment of a drum, may, from this tension, have its influence augmented.

In respect to its tension, the tympanum may be also compared, not unaptly, to the strings of a violin, or musical instrument, even more properly than to a drum ; and as the state of tension and relaxation we find produce such a variety of sound with this instrument, so in the same manner a variety of circumstances will equally affect the tension and relaxation of this part of the ear, and consequently vary its powers of impression.

Its four bones act mechanically, in consequence of the power of their muscles, which strike like the key of an instrument,



and produce a percussion of sound on the tympanum.

The knowledge of reflected sounds has never yet been taken advantage of by the aurist, in applying the principle to the construction of artificial means for assisting the faculty of hearing; the only principle attended to has been, to increase the collection of sounds by extending the canal of the auricle or external ear, in the form of trumpets and cones: but if the farther power of reflected sound were admitted into these instruments, as I have now attempted to do, on the plan of the speaking-trumpet, a two-fold advantage would arise, both in a greater collection of the vibrations, and in their more powerful and repeated application to the organ\*.

\* Besides this instrument, in order to give every possible assistance to deaf persons, the author has with much pains

Indeed, in constructing such instruments, the length we may observe is the great point; for as in mechanics the powers of the lever are increased by its length, so the strength of the impression conveyed by the air will be in proportion to the length, and also the straightness of the tube through which it is conveyed.

Besides the perfection attached to the structure of the human ear beyond that of other animals, its nervous texture internally is of a more delicate and sensible nature. Thus the nerves are even more acute or sentient than in the other parts of the body. All the nerves of the internal ear display a soft pulpy substance, but are never seen in the form of a firm cord; and

collected a variety of ingenious mechanical contrivances, from the continent, on the principle of improvement, on some of which he has made important and useful alterations.



in the flexible and membranous parts, they show even a change of colour. This change is like that the optic nerves undergo on entering the eye-ball to form the retina, and the term retina, or net-work, is here properly applied, from the reticulated appearance they display.

The auditory nerve also, as it enters the internal passage of the ear, is accompanied by a larger artery than most of the other nerves, to heighten the sensibility; for increased circulation has every where this effect; and it also forms into plexus, or combinations, for the same purpose.

Though the use of the Eustachian tube has been doubted, as conveying sound by the mouth, yet a simple experiment will convince us, that it has *some* influence in this respect; thus if a deaf person is to converse with another, and a wire or other

medium of communication is made to pass to the mouth of each, by placing its extremity between the teeth, the deaf person will hear the conversation better than without this assistance, which certainly proves that part of the vibrations of sound is carried along the wire into the mouth, and applied to the ear, through the Eustachian tube in the throat ; while a part also reaches the ear externally, and is collected in the auricle in the usual manner.

M. Itard denies this, on the ground that the sounding body is not heard when applied to the tongue ; but he forgets that the tongue is a non-conductor of sound, in consequence of its being soft, while the teeth are good conductors. The fact is farther proved by deafness occurring from the obliteration of the passage of the Eustachian tube, in consequence of diseases



in the throat, particularly in consequence of ulcerations from a well known specific cause. Besides, therefore, merely preserving the balance of air between the external and internal ear, it certainly has an influence also in conveying sound ; and while the meatus externus admits its application one way, the aperture of the Eustachian tube admits it, we may conclude, in a certain degree, the other, and may be considered as an accessory means to increase the impression, driving the vibrations of sound in different directions to one point ; and hence also persons generally hear best with the mouth open, when the opening of the Eustachian tube is most expanded. The same thing has been observed of deaf persons, that they hear best when riding in a carriage, probably from the air being

carried with stronger impressions to the ear.

Indeed, this opening between the ear and throat is one of great consequence, and one of which much advantage may be taken in the treatment of deafness; in nervous deafness, I am persuaded, too great a quantity of air, as I have stated, is often admitted to the ear, which appears from the confused noises complained of, when it does not act with sufficient energy to allow the impression to be made. By lessening, therefore, the action of the air on the external passage, and making it pass more forcibly by the internal, I am satisfied, deafness may be cured.

With the acuteness and caution which distinguish all his investigations, Dr. Wollaston has lately discovered the very



singular fact, that there are many persons who never felt any defect in their hearing, and who yet cannot hear certain sounds, which others perceive distinctly.

It is well known, that persons affected with slight deafness hear sharp sounds much better than those which are grave and low. They distinguish the voices of women and children, from their acuteness, much better than the lower tones of men's voices. This fact is acted upon practically, as it may be remarked, that those accustomed to speak to deaf people use a shriller tone of voice rather than merely a louder tone than common.

This partial deafness may be artificially produced, by shutting the mouth and nose and exhausting the air in the Eustachian tube by a forcible attempt to take breath by expanding the chest. When this is

carefully done, so that the exhaustion of the air behind the drum of the ear is as complete as possible, the external air is felt strongly and even painfully pressing on the drum ; and the ear becomes insensible to low sounds, though shrill sounds are as readily perceived as before.

After the ear is brought into this state it will remain so for some time without continuing the painful effort to take breath, and even without stopping the breath ; for by suddenly discontinuing the effort, the end of the tube will close like a valve, and prevent the air from getting into the drum. The act of swallowing will open the closed tube, and restore the ear to its wonted feeling.

When the ear is thus exhausted, if we attempt to listen to the sound of a carriage passing in the street, the rumbling noise



cannot be heard, though the rattle of a chain or a loose screw remains as easily heard as before. At a concert the experiment has a singular effect. As none of the sharper sounds are lost, and the great mass of the louder sounds are suppressed, the shriller ones are consequently so much the more distinctly heard, even to the rattling of the keys of a bad instrument, or the scraping of catgut unskilfully touched.

In the natural healthy state of the ear, there does not seem to be any strict limit to our power of perceiving grave sounds. On the contrary, if we turn our attention to the opposite extremity of the scale, and, with a series of pipes exceeding each other in sharpness, if we examine the effects of them in succession upon the ears of any considerable number of persons, we shall find a very distinct and striking difference

between the hearing of different individuals, whose ears are in other respects perfect.

The suddenness of the transition from perfect hearing to total want of perception occasions a degree of surprise, which renders an experiment on this subject with a series of small pipes among several persons rather amusing. Those who enjoy a temporary triumph, from hearing notes inaudible to others, are often compelled in their turn to acknowledge to how short a distance their superiority extends.

Dr. Wollaston found that one of his friends was quite insensible to the sound of a small organ pipe, which was far within the limits of his own hearing. He also remembers a relation to have said that she never could hear the chirping of the hedge cricket. Two ladies of his acquaintance



told him that their father could never hear the chirping of the common house sparrow. 'This is the lowest limit to acute hearing that he has met with, and he believes it to be uncommon; deafness even to the chirp of the house-cricket is not usual; while it is by no means rare to find instances of people who are insensible to the shrill squeak of the bat.

The range of human hearing comprised between the lowest notes of the organ, and the highest *known* sound of insects, includes more than nine octaves, the whole of which are distinctly perceptible by most ears. It may be inferred from these facts, without indulging in improbable conjecture, that insects, such as flies and crickets, whose powers appear to commence where ours end, may have the faculty of hearing sharper sounds than any which we know to

exist ; and that there may be other insects which may produce and hear sounds so sharp as to be beyond our conception.

When we examine next the nervous texture of the internal ear for receiving the impression, nature seems to have provided that the nerves, as I have observed, should be here more acute or sentient than elsewhere.

Nay, they often acquire a morbid acuteness without disease. This is particularly the case after childbed, and so acutely sensible is the organ in this state, that there are many instances of a sudden noise producing syncope and immediate death ; while in such cases, on dissection, no traces of disease could be discovered, and therefore, that this extreme sensibility was the sole cause

From the same cause of its acuteness



or delicate feelings, its powers are also liable to suspension, and perhaps this is the state of it, in that deafness which often takes place after engagements, both by sea and land, when the tremendous noise acting upon it exhausts and destroys its powers.

On proceeding farther into our examination, the nerves of the tympanum and other parts of the ear, where this exquisite sensibility is *not* so much required, display the natural texture as firm cords, and consequently a less sensible substance. All these circumstances show that hearing, or the impression of sound to produce it, requires a higher degree of organization than the other senses, and a more complex mechanism.

In order to judge properly of the parts more essential to the organ, we must take the assistance of the discoveries made by dissection.

With respect to the external ear in man, wherever it is completely removed, either by accident or design, deafness ensues, although its partial removal is not attended with this imperfection. The external ear, therefore, or something in its form to collect sound, is a necessary division of the organ.

When we proceed internally, we find that a partial *destruction* of the membrane of the tympanum is not necessarily accompanied with deafness ; but its total removal is always so : this partial destruction is proved from persons being able to make the smoke of tobacco pass through the throat by confining the mouth and nose, in consequence of its entering the Eustachian tube, and thus going out of the external ear, which could never take place without an opening or perforation of the membrane of the tympanum.



Ulcerations of the ear in childhood have frequently this effect of destroying a part of the membrane of the tympanum, and yet the child, as he grows up, continues afterwards to hear without any perceptible inconvenience; yet, in order to hear with ease, it seems necessary that the membrane of the tympanum, even though partially destroyed, should always preserve a certain degree of tension.

For the membrane of the tympanum may be compared to the parchment of the drum, and is the medium by which sound is impressed on the organ, in the same manner as the beating of the parchment gives action and expression to that instrument.

In proof of this, cases of partial deafness are recorded where persons could only hear when a strong sound, such as that of

a drum, was applied to the ear; and on dissection in one case of this kind, related in the French memoirs, no other cause appeared to produce deafness, but a highly-relaxed state of the membrane.

Yet not only may the membrane of the tympanum be partially destroyed, and hearing preserved, but likewise the small bones of the tympanum have been in certain cases lost, or come away from ulceration, from a constitutional or other cause: but in such cases it appears the stapes was *always* left, and thus the openings of the fenestræ ovata and rotunda were preserved, which prevented the escape of sound from the labyrinth and internal parts. Where the stapes is removed by opening the internal ear, deafness must unavoidably ensue.

With respect to the Eustachian tube, its

aperture into the throat seems indispensable to hearing, and wherever closed from malconformation or disease, deafness is a certain consequence. I already mentioned its obliteration happening in the throat from a particular disease; which is one strong reason for an early attention to such complaints\*; but the same thing is apt to occur from a catarrh or common cold, when it is violent and long continued.

Dr. Robbi of Leipsic, who has done me the honour to dedicate his *Encyclopædia of Anatomy* to me, and also to translate my first edition, makes the following remarks: “Every obstruction of the meatus may rightly be considered an ordinary cause

\* The poison of these complaints has a peculiar action on the nervous system; hence, when the disease is latent in the habit, there is often a dulness and ineptitude of all the nerves, particularly those employed in the more active organs, to receive impression.



of deafness ; for the air penetrating through this canal in the tympanum, together with the sounds taken up by the mouth, receives in the tympanum a considerable part of the sound passing through the exterior passage, and carries them again farther into the labyrinth, through the membrane of the fenestra rotunda ; consequently, not only every sound formed in the mouth must be immediately lost through the obstruction of the Eustachian tube, but also the reception of sounds penetrating into the passage will be diminished at the same time.”

Dr. Robbi gives a case from Vasalva, in which “a man had a swelling of the throat on the left Eustachian tube, lost his hearing instantly when a tent was put into it, but if the tent was taken out of the mouth, the hearing was again restored.

One can from this very well perceive that the swelling always gets larger by the introduction of the tent, and that the cartilaginous extremity of the tube lying near it is consequently pressed together."

" Diseases of the throat, as swelling of the palate, violent cold, and inflammations of the tonsils, are frequent causes of deafness, by which an obstruction of the Eustachian tube is produced, if they have not been duly attended to ; and consequently if such affections have previously existed, we have good reason to suspect that the source of the deafness originated in such an obstruction."

" But besides this," Dr. Robbi proceeds, " there are still some other and more certain marks, by which the obstruction of the Eustachian tube can very easily be distinguished from other causes which relate to the acoustic

nerves. Patients who suffer this disease have by no means that disagreeable feeling of the impression which is usually derived from the air forced by the tubes upon the membrane, when they fetch breath forcibly : the mouth and the nose being shut up, they have a perpetual tingling in the ears, and it appears to them that there has been a sound without the ear, which they suppose to have heard ; but the cause of this is in the air, which is still shut up in the tympanum, and the best idea one can form of it is, by passing two fingers into the exterior passage, and by this means preventing the impossibility of the air escaping, which was contained in the tympanum. When the two conduits are stopped, the patients either do not hear at all, or hear but imperfectly, and do



open their mouth when they wish to hear distinctly, but rather approach the ear or press it forward by putting the hand behind, the better to receive the sounds of the vibration. Such patients hear better where there is much noise than in quiet places."

"All patients of this kind," Dr. Robbi remarks, "have a louder voice than before. If the passage be artificially and entirely shut, then the hearing is entirely lost, but this is only the case when both the tubes are stopped. If the air included in the tympanum breaks violently through the Eustachian tube, it seems to the patients as if they heard a sound somewhat like the noise of the firing of cannon, and they afterwards recover their hearing spontaneously, or at least they hear better for a certain time."

"As judicious as this method of operation

may be, we ought," says Dr. Robbi, " by no means to proceed to it immediately ; but it is at last undertaken when all other remedies have been useless, and when one can prove with certainty that the disease consists only in an obstruction of the tube. Many means have already been employed, with more or less advantage, for curing all obstructions of this kind, consequently, if the obstruction is only in the anterior part of the tube, and one only finds an accumulation of glutinous matter, alleviation is procured by frequent yawning, gargling, loud speaking, and coughing, afterwards by a strong blowing of the nose, sneezing, &c. whilst the cartilaginous and membranous parts of the tube are very easily shaken by all motions of this kind, and are thus freed from their slimy accumulations. But the best remedy for curing a slight obstruction of the Eusta-

chian tube consists in keeping the mouth and nose close shut, and then forcing the breath from the lungs. The air compressed in this manner in the mouth and nostrils is obliged to procure an issue, which it finds nowhere easier than in the opening of the tube. The air penetrating with violence towards this tube, the obstruction is divided and removed by the pressure, during which the patient still feels a considerable noise or cracking in the inside of the ear.”

“ In cases where mucus obstructing the Eustachian tube is moveable and lies deeper, an injection is usually made into those canals, which can be effected through the nose or mouth, sometimes through the pierced congenital inspissation of the cerumen, and sometimes through the exterior passage, or through the pierced tympanum.



For this purpose we make use of a silver tube, which must be introduced with great precaution into the mouth or nose, into which we screw a syringe filled with warm water or any mild fluid; but the introduction of such tubes is extremely difficult, and cannot be effected in many cases, on account of the particular irritability of those parts."

The following, according to Dr. Robbi, is Lentin's method of cure, which contributes much to the dissolution of the hardened matter in that canal, and will be of great use before the application of injections, that is, to touch the tube by means of a bougie, with a pierced tin plate at its extremity, upon which a little sponge, dipt into some stimulant fluid, is fastened. Experience has taught that the injections

through the inspissated cerumen are often entirely fruitless, and have sometimes very bad consequences; and piercing the tympanum ought not certainly to be preferred in most cases, but, on the contrary, the perforating of the inspissated cerumen is to be advised, if we suspect caries, or an exfoliation in the interior of the petrous portion of the bone, or in its cavities.

After considering the tympanum and Eustachian tube, I remarked that in the internal ear the presence also of a fluid appears indispensable to the exercise of hearing. In all dissections of old persons who have been deaf for years, on examining the internal ear, it has been found totally dry and wanting its secretion, or that fluid I before mentioned, contained in its sacs and membranes. Such a state occurs frequently from age, yet it may occur from particular

circumstances ; especially after fevers, of which deafness is often a consequence.

M. Portal remarks that the acoustic nerves are so much the more proper to perceive the impressions of sounds, the more they preserve their softness. Whence without doubt it happens that in young people, with whom the substance of the nerves and that of the brain is softer, and the water of the vestibule more abundant, clear, and limpid than it is in advanced age, the membranes of the fenestra rotunda and ovalis are more flexible, and hearing more sensible and fine than with old people in whom the substance of the brain and nerves is more compact, and the membranes harder and more solid.

We do not know how the water of the labyrinth is secreted or excreted, for no lymphatic vessels have yet been discovered :



we only know, after Cottugno, that the two canals which he discovered are full of it; but we cannot doubt but that this aqueous liquid is renewed, and that hearing is the result of the impressions upon the acoustic nerves through the medium of the water of the labyrinth.

The air, I have endeavoured to show, is the great medium through which sonorous bodies act on the ear. Its entire exclusion, I have already stated, prevents our hearing sound, however strong; and on the same principle the condensation of air increases the force of sound in proportion to the degree of condensation.

Water is likewise an equally effectual medium with air, and a bell rung under water is heard with equal distinctness as in the air; its effect is strongly conspicuous in cases of echoes or reflected sounds, for where

the sound has to pass over a lake or sheet of water before it reaches the hard or obstructing body, it is much stronger than in another situation : a famous instance of this is well known to travellers, in the echo of Portici in Italy.

The well-known experiments of Professor Monro on this subject deserve here to be noticed. He rung a bell under water at various distances, and found the transmission of sound equally distinct as through the air, and often stronger and graver.

From this general view, then, of the organ, the parts strictly essential to hearing are,—

First. An external ear\* ; for in man,

\* The external ear can only be considered as accessory in its functions to the internal ; and it was conceived by the Count de Buffon, that hearing could take place without it. This he considered proved by the instances of dogs, and other animals, from the whim of their owners, being occa-

whenever this part is completely removed, deafness is a consequence.

Secondly. The membrane of the tympanum, which may be partially injured, but never can be completely removed, without producing deafness.

Thirdly. The stapes ; for all the small bones of the ear may be removed without causing deafness ; but the stapes is the

signally deprived of the external ear, and suffering no defect by the operation. But though this fact may be true in young animals, and while the expansion of the auditory nerve on the internal ear possesses its full powers and influence to receive the impression of sound, yet it is clear that in the human subject such a loss would be severely felt ; which is confirmed by the advantage of artificial means, in collecting the sound, and strengthening the power of impression.

Besides, in cutting the external ear in animals, part of the muscles still remains ; and by a natural instinct, the animal acts with the remaining part with more energy, and applies it more eagerly and forcibly to the sonorous body, than before their partial removal, which entirely condemns Buffon's assertion.



only one that prevents the escape of sound from the internal ear.

Fourthly. The aperture of the Eustachian tube, as preserving the access of air through the throat to the tympanum, and its renewal and change in the organ; and that this is a necessary and essential part is evident from the structure of the ear in the tortoise and frogs, which have no external ear, but an enlarged Eustachian tube placed at the back part of the roof of the mouth.

Fifthly. The presence of a fluid in the internal ear, which is necessary to heighten the acuteness of impression, and to render it effectual.

But it remains next to observe in what manner the impression on these parts comes to be made, or the tremor from sono-

rous bodies communicated to the nerves of the internal ear. In man, quadrupeds, and birds, besides the impression communicated to the nerves of the ear by the whole bones of the head, a distinct impression may be conveyed to them in three different ways:—

1. By the structure of the parts regulated by their muscles, which connect the membrane of the drum with that of the oval foramen.

2. By the action of the air contained in the cavity of the tympanum, which air must communicate its tremor in two ways—by motion from the membrane of the tympanum, and also by tremor of the external air communicated to the membrane of the Eustachian tube, and

3. By the medium of a watery liquor in the cavities of the vestibule, semicircular

canals, and cochlea, which transmits the tremor from the membrane of the oval and round foramina to the portio mollis, or nerve of the internal ear.

M. Ribes, in a paper in Majendie's Journal, says he found the watery liquor filling the labyrinth only about one half or two thirds ; and, in individuals who heard perfectly during life, there was only enough to lubricate the interior of the concha, the vestibule, and the semicircular canals. The aqueducts of the vestibule and concha give passage to vessels to be distributed in their cavities, and these vessels are often found gorged with blood in persons who have died of apoplexy.

Such, as I have endeavoured to describe it, is the complex and minute structure of this important sense ; and when we attend to the intricacy of its parts, to the delicacy



of its texture, and to the numerous windings and sinuosities it every where displays, we are struck with wonder and admiration at the nicety of its mechanism, and cannot be surprised that the least change should produce on it a deviation from the healthy state.

Nay, when we farther contemplate the varied organization of the ear in the different tribes of animals, we shall in all of them find it admirably fitted for their different situations and characters; and by a slight comparison of the different tribes, we shall understand the reason for its apparent difference of structure in each. Thus the whale, though he would seem amphibious, has the same formation of heart and lungs as man, and is therefore obliged to breathe frequently and regularly, and thus to live chiefly on the surface of the ocean. Hence

his ear is constructed to receive sound from the air by an external meatus.

But in the real amphibious tribe, when part only of the blood passes through the lungs, and which possess the power of breathing arbitrarily, or of plunging under water and ceasing from breathing for a length of time, the ear is so adapted as to receive the first impression either from the air or from the water ; for by means of an expanded Eustachian tube air is introduced into the cavity of the tympanum when they breathe, and through it also the impression is conveyed from the atmosphere, to which their ears are generally exposed, to the bottom of the ear with more force than it would have been by the medium of a watery fluid passed into the cavity of the tympanum.

In fishes, both living and breathing in

water, not only is the impression of sound on the surface of the ear transmitted, but is conveyed also by the same medium to the bottom of the ear. Hence it is that they stand in no need for a cavity of the tympanum or for an Eustachian tube.

Semicircular canals are conspicuous at the bottom of the ear in all fishes, similar in shape and situation to those in quadrupeds, but they are much larger and more extensive in their surface, in order to compensate for the less forcible impression made by the water on them than in man and quadrupeds by the air.

Along with these semicircular canals there are also sacs, which resemble the cochlea in man, and answer for it in the same manner as a short straight tube does in birds. The stones or hard bodies in the ear of fishes also serve as the bones in the



human ear to render the impression more forcible on the nerves that are spread on the membranes that contain them. In several fishes also which have an external ear, the sound is conveyed by a watery viscid liquor to the semicircular canals and sac containing the cretaceous or stony matter.

Thus, the more we contemplate the varied structure of this sense, the more we shall be convinced it is the work of infinite power, and modified by a Supreme Being, who has adapted every creature, whether animate or inanimate, for its place. All our researches in anatomy serve to point out this fact, but none more strongly than the investigation of the different organs of sense. A nervous expansion we find the universal medium, on which the impressions are made, and through which they

are conveyed. This being the case, all the senses may be considered in a manner as resembling each other, and only differing in their peculiar modification, or what may be termed the auxiliary organization of the parts that transmit the effect to the mind.

## CHAPTER II.

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### *Of the Diseases of the Ear.*

HAVING in the Introductory Part pointed out the necessity of an exclusive attention to the diseases of the Ear as a particular profession, and the parts of the organ essential to the exercise of its peculiar functions; I now proceed to examine its leading diseases, or those imperfections which either impair, or produce a total loss of hearing. For more clearly understanding their nature, they require to be arranged according to the particular parts of the organ in which they are seated; and they accordingly come to be divided into the



diseases of the auricle, or external ear; diseases of the tympanum, or drum; and diseases of the labyrinth, or internal ear.

*Diseases of the External Ear.*

THE diseases of the external ear, like those of every other part, partake of the nature of its structure, and as this is neither important, complex, nor extensive, these necessarily become in a manner simple and confined; indeed, as a cartilaginous basis with a cutaneous envelope, the external ear is subject to the same affections as other exterior parts. The chief of which that require the more particular attention of the aurist are inflammation and that herpetic eruption which occurs so frequently in children.

## I. *Of Inflammation.*

ON such a topic as inflammation it is difficult to advance any thing new, therefore I have merely collated those symptoms which my own experience has verified.

The invariable effect of inflammation is to enlarge the bulk of the part it attacks, and when this happens to be of a solid structure that does not readily yield to the distension, the attending inflammation is thereby aggravated. This is what happens in Otitis or Ear-ache : in consequence of the dense nature of cartilage, the pain is vehement and excruciating, and fever is the usual consequence of such painful excitement, although, like tooth-ache, it rarely occasions sympathy : hence it is apt to be neglected on its first attack, and not unfre-

quently proves fatal, after evincing symptoms of cerebral affections. On dissection there have sometimes been found collections of pus in the cavity of the tympanum, the dura mater inflamed, thickened, or softened, and detached from the internal surface of the skull.

M. Lallemand, the celebrated Professor of Montpellier, in his anatomical and pathological researches, remarks that acute Otitis is rather more frequently seen before than after puberty; but both sexes and all temperaments seem equally exposed to its causes. External otitis is often produced by the extension of some cutaneous affection to the mucous membrane of the meatus externus—more particularly in variola. In such cases, the inflammation very readily spreads to the interior of the ear, too often inducing caries of the bones, permanent



deafness, or fatal affections of the brain itself. Among the accidental causes, cold, applied suddenly to the ear, through the medium of a stream of air, is one of the most common. Internal otitis very frequently takes place in the latter stage of fevers—not, he observes, as a critical turn of the disease, but because fever is, in fact, inflammation of the brain, and the ear, being so contiguous an organ, is more frequently found to suffer than any other.

External otitis, less formidable than internal, is distinguished by the suddenness of the discharge after the pain has commenced. On the second or third day, the lining membrane of the meatus externus is red, tumefied, and covered with pus, or a puriform secretion. In internal otitis, on the other hand, the lining of the meatus continues dry during several days, and at

length the discharge comes on all at once, and is very profuse. This discharge, in such cases, makes its way through the Eustachian tube, and continues to flow through that channel.

Internal otitis is often accompanied by symptoms similar to those appertaining to inflammation of the brain or arachnoid membrane—with which, indeed, it is not seldom complicated, so as to render the diagnosis extremely difficult. Thus, in otitis, the pain is not always confined to the ear, but sometimes extends to the whole head, being more or less violent, lancinating, and compressive. The connexion of the portio dura of the auditory nerve with so many other nerves may explain the spasmodic affections and many other symptoms accompanying inflammation of the internal ear.

Regarding the cure of this affection, the *methodus medendi* differs in nothing from that found effective in other inflammations. If the attack be slight, a cooling lotion kept constantly applied to the part, low diet, and saline purgatives are the most proper remedies ; but where the disease is more acute, leeches must be applied to the inflamed organ, and in order to procure an abatement of pain, an anodyne draught may be administered at bed-time.

The success of resolution is known by the gradual abatement of pain ; but should the preceding means fail in their influence, then suppuration must be promoted, and the former plan laid aside, substituting, in its stead, warm applications and poultices to the ear ; but in some constitutions, it may be observed, so rapid is the process of



inflammation in this part, that suppuration is unavoidable \*.

My own experience confirms the remark of an excellent writer, to wit, that when suppuration occurs, the pus is generally vacated between the auricle and mastoid process of the temporal bone ; or into the meatus auris. In the first instance, the abscess heals without much difficulty, from the ready exit the matter finds, but in the latter case, the aperture by which it escapes into the meatus is sometimes so contracted, that the pus accumulates, and keeps up a source of painful excitement. The contact of matter also in the contiguity of a bone is apt to occasion caries, and consequent exfoliation, hence it becomes a part

\* Dr. Kennedy of Glasgow, in his observations in practical pathology, recommends emetics in cases of otitis.—Vide London Medical Repository, March, 1826.

of our serious regard to prevent such occurrences ; in order to which, a free opening must be made in the sinus, and its orifice enlarged, or what perhaps is better, let the point of a lancet be thrust into the abscess behind the ear, the dependent situation of which will permit the easy discharge of the matter as soon as it is secreted.

The time of teething in young children is the period when this disease is most apt to occur ; and hence its acuteness may be accounted for, requiring often the palliative powers of opium to lull the intense pain it occasions. It is a disease more frequent in scrophulous subjects than others, and thus the propriety of early resolution, or subduing inflammation, is pointed out.

## II. *Herpes.*

ANOTHER disease of the auricle, more frequent than the former, is herpes. This consists in a vesicular eruption set upon an inflamed base. Usually from the situation of the part affected, and the handling thereof, the vesicles are broken, a copious foetid discharge takes place, and a troublesome and tedious ulceration ensues: this, when it has continued for some time, induces a thickening of the cutis covering the external ear and lining the passage, and which, together with the inspissation of the discharge in the meatus, so narrows the entrance, that a temporary deafness is produced, from the obstruction offered to the free ingress of sound to the tympanum.



In the treatment, though the correcting of constitutional acrimony be the principle, the state of the part at the same time requires a primary attention. The inspissated matter is to be removed by properly syringing the passage with soap and water, and, to do it completely, the choice of a syringe is a matter of consequence. A syringe of a moderate size will answer the purpose best, the power of which is not too great; and the operation should never be trusted to any but a skilful hand. On properly cleansing the ear, an alterative injection is to be employed instead of the soap and water, and the constitution corrected by alterative medicines in small doses, until the cure is completed.

The period for a cure may extend from two or three weeks to the same number of months, according to the circumstances of

the case, in respect to its severity and constitutional nature; and this treatment should be continued in a regular and steady manner in order to be successful.

### III. *Morbid Septum of the Passage.*

CONGENITAL malformations occur occasionally in new-born infants, and to such a degree as to deserve the appellation of monstrosities. Less degrees of this preternatural occurrence, being of minor importance, are not usually thus designated: of this nature are septa where apertures ought to be. These occur in various openings, and at times are discovered in the external ear. A septum is found to extend across the meatus, and necessarily excludes the vibration of sound on the tympanum

from without ; hence deafness is the natural consequence. This extraneous formation is also the effect of disease, and is, though seldom, the consequence of the ulcerative process. This defect more frequently arises from a diseased tympanum than from any other cause, where the suppuration is considerable, and much matter has been forced out into the passage.

The following is the usual progress of the disease :—The patient, after a puriform discharge from the ear, feels a sudden and considerable increase of deafness, to which he has been in a certain degree subject in consequence of the original complaint. During this original state of deafness, he has been also sensible, on blowing his nose, of air passing at times through the meatus ; but the puriform discharge having now ceased, and the patient being also no



longer able, on blowing the nose, to feel air escape through the passage, the existence of a septum becomes undoubted. To this may be added the sensation of a particular fulness of the tympanum.

If, under these circumstances, the patient be placed in a clear light, and the ear examined, a septum will be perceived. To remove this impediment, the septum is to be pierced and lacerated; when the hearing will be restored to the same degree in which it prevailed under the diseased tympanum, and before the septum was formed.

So quickly is the hearing restored, that, immediately after the operation, the ticking of a watch has been heard at a considerable distance, which could not have been perceived before, even when close to the ear.

After the operation, much attention is necessary to prevent the closing of the sides

of the aperture, and the septum being reproduced.

#### IV. *Of Polypi of the Ear.*

ALL secreting surfaces are liable to excrescences. They are found in the uterus, but their most common seat is in the mucous membrane lining the cavernous structure of the nose. In like manner, the meatus of the external ear is subject to excrescences: these are usually the consequence, in the latter instance, of a diseased tympanum, and they are rarely met with except in this source. They have been aptly compared to syphilitic warts, and like these they are generated from irritation.

The treatment to remove these polypi

is the same as that employed for excrescences elsewhere: when small, they are best extracted with a pair of forceps, and the root or part, to which they adhered, afterwards touched with the *argentum nitratum*, or lunar caustic. In introducing the caustic, care must be taken not to carry it so far as to injure the tympanum; and with this caution the treatment will be generally successful.

Where the polypus is appended to a small cervix or neck, a ligature is the preferable mode of removing it. The operation also is less alarming to the patient, and at the same time equally effectual as the forceps or knife.



### V. *Inspissated Cerumen.*

THE most frequent cause of deafness, connected with the state of the external passage, is that arising from collected cerumen or wax; a due secretion of the passage is absolutely necessary to keep it in a healthy condition, as well as to preserve it from external injury. A defective, or too profuse, secretion is equally the cause of deafness, and the cerumen frequently becomes indurated and inspissated to such a degree as to cause obstinate dullness of hearing.

The natural secretion of the ear varies in different individuals. In some it is copious, in others sparing in quantity; how it is excreted has puzzled physiologists to explain, and the usually received opinion

is that the fresh secretion propels the older, and that this is assisted by the occasional dependent position of the ear. Were it for me to add another, and perhaps more powerful, expelling force to the above, it would be that of the action of manducation. Any one may convince himself of this power by putting his finger into his ear and imitate the act of masticating. Nature never made a function but she made it perfect, and in the present example we have a happy, though subsidiary, instance of her ingenuity—where the same act that receives and prepares the food, is at the same time expelling the cerumen from the ear.

M. Alard mentions a case of catarrh of the ear produced by a change in the secreted cerumen, which became acrid and

caused inflammation and a discharge of matter. It is also stated by M. Itard, that the pressure and irritation of the hardened wax will sometimes cause the skin of the meatus to slough.

It has often surprised me to witness how small a portion of hardened wax will occasion deafness, for it is the induration and not the quantity of wax which will occasion deafness: this when accumulated on the membrane of the tympanum, of course, interferes with the vibrations of that membrane, and when large in quantity it wholly obstructs the passage.

The symptoms that particularly mark this complaint are the following. With the general sense of deafness, there is combined the impression of noises in the ear, consisting either of a particular confused



sound, or a heavy sensation like the noise of a hammer: these sounds prevail most while eating.

On ascertaining the presence of these symptoms, and following it up by an examination of the ear, the cause of deafness will be easily detected.

The best means of relief is simply washing out the passage with warm water, by means of a syringe, which Dr. Haygarth, and after him Fourcroy and Vauquelin, found to be the best solvent of ear-wax, and the only means necessary.

On its removal the complaint is instantaneously relieved, and the hearing restored. When there is no defect or imperfection of the organ, its removal generally produces a slight irritation of the ear, in consequence of the strong excitement occasioned by forcing the fluid into the passage; but this

soon ceases, without any unpleasant effect. This disease, however simple, has been often mistaken or overlooked, and the cause supposed to lie deep in the structure of the organ, whilst, in fact, it arose merely from the source above pointed out ; which shows the necessity, in all cases of deafness, of ascertaining, by an accurate examination, whether such a mechanical cause does exist.

## VI. *Accidents.*

From its situation the external passage is subject to occasional accidents, or other mechanical causes acting upon it, than inspissated cerumen.

Thus, in cases of children, small bodies, as peas, cherry-stones, pins, &c. have got into the ear, where, exciting inflammation,

they often occasion considerable pain before they are removed. A number of remarkable cases of such accidents will be found related by authors, and one in particular, related by Hildanus, where a bead or ball of glass lodged in the passage and produced delirium.

The great art in extracting them, is to be cautious not to push them deeper : they are best taken out by a pair of small forceps, and a little oil may be dropped into the ear before making the attempt.

In the same way, insects at times get into the ear, which produce the most unpleasant feelings in the part, as well as great noise, and often actual pain ; the best way of removing them is to drown them, by filling the passage with mild fluids, as water or oil, by means of a syringe, and thus washing them out.



Several singular cases of worms having been found in the ear are related by different foreign physicians. The alimentary canal has long been known to be a common seat of these parasitical animals, and Redi, Andry, Pallas, Joerdens, Brera, Rudolphi, and Bremser have shown that there is scarcely a part of the human body in which they have not been met with. It has been said, that the obscure and hopeless nature of these diseases tends to render all inquiry fruitless, and therefore unnecessary, a principle which, if acted upon, would put an end to all inquiry.

Acrid liquors are improper; for, in the endeavour to avoid them, the insect gets deeper. The motion is often so severely felt by children as to produce a state little short of delirium; after their removal, a little oil of sweet almonds is the best ap-

plication, to soothe the irritated part. Even a little oil, in the first instance, will destroy the insect.

## VII. *Congenital Inspissation of Cerumen.*

This is a disease more frequent than is generally supposed. All the secreting passages in children, at birth, are lined with a tenacious layer of this natural secretion ; it is seen in the bowels, in the state of meconium ; and no less in the ears, in the state of viscid wax : the reason of this is, that the parts of the concha and passage are narrow, and such an accumulation is essential to defend the tympanum from the waters of the amnios.

In all apparent deafness and dumbness of children, the ears should be examined in order to trace whether it is connected with this cause.

## CHAPTER III.

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### DISEASES OF THE TYMPANUM.

#### I. *Puriform Discharge from the Tympanum.*

THE first disease of the tympanum is that named, from its leading symptom, its “Puriform discharge,” which has been accurately and minutely described by Mr. Saunders. Indeed, his account so precisely concurs with what I have had so many opportunities of confirming, that I shall take his description of its nature, progress, and effects, as my guide.

The discharge which issues from the



ear is thin and ichorous, and its nature is so virulent as slightly to corrode a silver probe; this it stains with a yellow colour, and it is occasionally tinged with blood, from the effects of corrosive ulceration which is going on in the interior. The hearing naturally becomes impaired from the injury produced by the disease, and in many cases it is wholly lost.

The leading criterion that marks the existence of this disease is the passage of air, on blowing the nose, by the meatus externus: this of course never can occur, but where there is a perforation in the membrana tympani. But this, although a pretty constant symptom, must not be looked upon as an absolutely necessary characteristic; for where the inflammation that induced the suppuration has first of all obstructed the Eustachian tube, this

consequently shuts up all communication between the mouth and external meatus, even though the membrane of the tympanum be pervious and ulcerated.

When, therefore, the air passes out of the external ear, accompanied with a puriform discharge, we can no longer doubt the nature of the complaint; still, as this criterion may be wanting, from the cause we have noticed, it becomes incumbent on us to examine the ear itself.

In order to do this, let the patient's head be turned towards a good light on the side diseased, so as to permit the rays of light to fall on the bottom of the meatus externus, when we shall be enabled to perceive the part morbidly disorganized, and thus determine the nature and extent of the injury; or where from some cause ocular demonstration is unattainable, a

probe being inserted into the ear and passed down to the membrana tympani, the peculiar feel which this communicates, if sound, or otherwise, will ascertain the extent and progress of the disease. But this requires the *tactus eruditus*, or touch of experience, which nothing except practice can give.

The diagnosis of this disease is simple, and unless it be for the herpetic affection before mentioned, it cannot well be confounded with any other. This is a matter of some importance, since in the one we may almost invariably promise a complete cure, whereas in the latter caution must be used in pronouncing any such favourable prognosis.

This affection of the tympanum is produced by various causes; diseases of the throat are the most frequent. Thus the



Scarlatina Maligna, or Scarlet Fever, combined with an affection of the throat, frequently occasions the tympanum to suffer, in consequence of the gangrene, or sloughing, which takes place: even the bones of the internal ear are at times thrown off; and the patient, if he survives the fever, is left completely deaf.

The disease, also, often succeeds the ear-ache, or inflammation of the passage extending to the tympanum; and if the inflammation is not subdued by resolution, then the tympanum and mastoid cells become filled with pus, or matter.

The pus comes to be discharged by ulceration, in large quantity, after the patient has suffered most intense pain. During its progress, the discharge of matter produces, for a time, a relief of symptoms; but, as the disease goes on, fresh matter is

formed, and continues to ooze from the passage.

The symptoms that peculiarly mark this disease are, an intense throbbing pain in the ear and head, accompanied with symptomatic fever; and sometimes slight delirium supervenes.

The pain is not always equally intense, but fluctuates in degree; and its paroxysms, or fits, are somewhat like those of the tooth-ache.

It is this resemblance to the latter which has caused it too often to be neglected, or improperly treated. It is a disease that evidently requires the most active anti-phlogistic treatment; and nothing stimulant, either in the way of general or topical means, should be employed. Hence acrid substances, and stimulating fluids, used under the idea of curing the tooth-

ache, aggravate, to a certainty, this disease ; and suppuration, the very circumstance to be avoided, is thereby hastened.

The treatment to be observed here is obvious : to arrest inflammation in the first instance, if early applied to ; and, if this be done with energy at the first, all the symptoms will be found to subside. The deafness, which is always great during the inflammation, will gradually lessen, and the deposited lymph, instead of forming pus, will soon be absorbed. But if the inflammation has continued for some time, even though the resolution be accomplished, the patient does not always recover his perfect hearing ; and the question is,—how far a proper secondary treatment may obviate this imperfect state, which the previous inflammation has left ? The defect here chiefly arises from a deposition of lymph,



and perhaps, also, from some thickening of the parts.

We know that, in other parts of the body, a large quantity of lymph can be absorbed by using the proper means for giving activity to the vessels. As the deafness, after inflammation of the tympanum, arises from this cause, the object is to prevent the lymph from becoming organized, and any thickening of the membrane from becoming permanent, which must continue the defect. The point, therefore, should be, even if suppuration is formed, to make an early opening to evacuate the matter, and thus prevent the membrane from acquiring that state which renders it unfit for receiving acutely the impression of sound. An opening being once made, and the matter discharged, every precaution must be next taken to prevent it from again forming.

But in a vast number of cases of this disease, the attack is slow and insidious, so that at first we are not aware of its commencement:—slight fits of pain are felt, and relieved by a trifling discharge; these fits recur at intervals, and it is not till after a long time that the puriform discharge is fully confirmed.

This disease has divided the opinions of practitioners: by some it is considered as only trivial; by others as certainly dangerous; and, indeed, any one who regards its consequences on the organ of hearing must be of the latter opinion. Its progress is rarely stopped if left to itself, till the organization of the tympanum is destroyed, as well as its contents, or the small bones; when total deafness ensues.

Hence the most judicious treatment is required to arrest its progress; and this

treatment is, at the same time, attended with no danger : those, therefore, who think that no interference should take place, I conceive, are highly to be blamed.

Scarpa is of opinion, that the skin of the fenestra rotunda replaces, in such cases, the lost tympanum, and there is not the least doubt that it is a very necessary and essential condition for the restoration of hearing. The fenestra rotunda is closed by the long membrane of the tympanum, and its little membrane seems to perform the office of a second tympanum, for the vibrations of sounds which join themselves with the air that is in the tympanum, are received by the membrane of the fenestra rotunda, and carried into the labyrinth with vibrations becoming always stronger. Consequently, there are cases where the meatus,



the tympanum, and the small bones of the ear are injured in their conjunction, and are no more proper for propagating the sounds; and, nevertheless, the skin of the fenestra rotunda performs the function of all these parts. But if the hearing be not entirely lost through the necessary or accidental destruction of the tympanum, and the interior parts of the organ of hearing, and even the hearing itself be attacked afterwards,—the inconvenience on account of the free introduction of air, and the penetrating of dust, and other foreign bodies in the interior parts of the ear, can only be avoided by union of the perforation of the skin of the tympanum, or nature must produce a new tympanum.

They consider it rather as a salutary discharge, which ought not to be interrupted;

but the same argument applies to the healing of every sore, and is a relic of the obsolete pathology of former days.

This doctrine, however, is still held out by many respectable practitioners; but it rests on no solid or just foundation: and in all cases of this disease we are called upon to interfere as early as possible, if we wish to preserve the functions of the organ. Of this prejudice, Mr. Saunders, to whom we are indebted for the first clear and judicious account of this disease, gives us some strong instances.

Even the late Dr. Heberden, in his Commentaries, had taken up this popular but mistaken opinion, that it ought not to be healed.

Some of the first surgeons and anatomists, also, have adopted the same idea, on the supposition that the discharge being

suppressed, inflammation of the brain might be the consequence. That, however, is more likely to happen from the progress of the disease passing on to ulcerate the parts, and destroy the bone; which ulceration may thus spread to the dura mater, one of the membranes of the brain. But Nature has so provided, that as ulceration proceeds the membranes generally thicken, as a safeguard in some measure to check its progress.

In order to convey an accurate idea of this disease, it may properly be divided into three stages.

The first consists of a simple puriform discharge. The second, is when it is complicated with fungus and polypus. And the third, is when a caries of the tympanum attends the discharge.

M. Alard divides puriform discharges



into two species,—the one acute, the other chronic. The latter is very common among children, and it is not attended with much pain. When this form of the discharge occurs, great caution is necessary not to stop it suddenly, as the consequences may be serious,—epilepsy, apoplexy, and convulsions, having often resulted from such practice, and therefore I cannot inculcate this caution too strongly.

Fabricius Hildanus relates a case of chronic puriform discharge, which continued till the membrane of the tympanum was wholly destroyed, and what is singular, the author informs us that the hearing was not in consequence destroyed nor even impaired.

M. Alard regards the membrane lining the internal parts of the ear as a mucous one, and hence all the diseases affecting it

assume the character of those which attack mucous membranes.

M. Lallemand calls this disease Otorrhœa, and states, however benign at the beginning, if neglected or maltreated, generally goes on from a mucous to a purulent, and ultimately a thin sanious discharge, of that peculiar fetor which always accompanies caries of a bone. The fragments of ossicula auditus come away first, and then small particles of the temporal bone itself. The affair is now very serious. There is another kind of otorrhœa, observes our author, more rare, more insidious, and almost unknown—it is that which takes place through the Eustachian tube. The patient experiences a dull pain in the region of the ear, sometimes fixed, at other times shifting about—sometimes constant, at others intermitting. He feels a tinnitus aurium—hears

a continual buzzing noise, like that of a mill, or a water-fall—is hard of hearing, and afterwards becomes quite deaf for a time—then recovers the auditory powers, with the noises above-mentioned. This loss and recovery of the auditory functions, depend, he thinks, on the accumulation in, and discharge of matter from, the tympanum. The patient has a bitter taste in his mouth, a fetid breath, occasional nausea, or vomitings of fetid matter—with expectoration of the same in violent fits of coughing. He also takes a distaste against, or even nauseates his food—loses his appetite—becomes despondent, and emaciates from day to day, without his medical attendant knowing why. Generally, these symptoms are attributed to an affection of the stomach or lungs. Medicines are given with this view, but, of course, without effect. The caries



goes on—the membranes or the brain become affected, and death closes the scene.

The following two cases are related by M. Lallemand: the first will show the necessity of early treatment; the second, the impropriety of hastily suppressing the discharge.

Elizabeth Erot, 23 years of age, had had a discharge from the left ear, from the age of 7, (at which period she suffered from the small pox) accompanied by pains in the head, which increased rather than diminished with her age. In the month of November (being then in a late stage of pregnancy) she experienced such severe pains in the crown of her head, as to make her cry out, and which pains were diminished by pressure. At this period the discharge from the ear had diminished. The bowels being constipated, lavements

were prescribed, and fomentations to the ear. The pains increased, with spasmodic twitchings of the arms. Her accouchement now took place, but produced no relief, and this interesting female sunk under her afflictions.

On removing the calvarium, the dura and pia mater were found inflamed, and in the left hemisphere of the brain an encysted abscess. The petrous portion of the temporal bone was carious and black. This case is recorded by Bonetus. Our author remarks, that the lymphatic temperament is peculiarly prone to chronic affections of the ear, and that the small pox is a very frequent exciting cause of deafness, and purulent otorrhœa. It may be observed, that as the discharge diminished, in proportion was the head-ache augmented.

A youth about fifteen years of age, subject to vertigo from his infancy, learnt with difficulty, but retained what he learnt

with wonderful tenacity, and appeared endowed with a sound understanding. At the age of two years, he became deaf of the left ear, in which a suppuration and discharge were established. In 1809, he being then in his 15th year, there appeared a small fungous excrescence at the bottom of the meatus externus, to which the unguentum nitratum was applied, with the effect of stopping the discharge in 15 days. At this period commenced an acute pain in the head and ear. The ointment was discontinued—the discharge returned, and the pains ceased. Some time afterwards, the ointment was reapplied, and the discharge again interrupted. On the 8th day after the cessation of the discharge, the boy became affected with such acute pain in the head, that he was forced to cry aloud, and said he would certainly go mad. In the course of a few days he suddenly became



insensible, with dilatation of the pupils, slowness of the pulse, and other symptoms of cerebral compression. He died in a state of coma.

*Dissection.* Vessels of the dura mater gorged with blood, as also those of the pia mater and arachnoid, which was quite dry on its surface. Two ounces of serum in the ventricles. In the *left* hemisphere of the brain, a cyst was found three inches in diameter, consistent and vascular, containing thick purulent matter. The inferior extremity of the cyst rested on the petrous portion of the temporal bone, and a small opening of communication between the ear and the cyst existed, the bone being carious. The cerebral substance surrounding the cyst was yellow, and much softer than natural\*.

\* For further observations of M. Lallemand on this interesting subject, vide Medico-chirurgical Review.

The progress of the disease is uncertain: at one time it advances rapidly through its different stages; at another, it requires years to make any considerable progress. It is evidently not a constitutional disease, but merely an affection of the part, and, as such, is only to be attacked by local means; for general remedies are of no avail. Where the constitution is weakly and infirm, it may be put into a more vigorous state by the use of tonic medicines, such as bark and other astringents, which will certainly tend to quicken the healing of the parts. But, at the same time, direct applications to the seat of the disease are to be considered as the true means of cure.

Blisters and setons are here, with many surgeons, favourite remedies: they may, indeed, act as auxiliaries, on the principle of

derivation ; but they ought to be judiciously used, and confined to habits that can bear such a drain ; for if employed indiscriminately, and without attention to this circumstance, the patient may be subjected, for a length of time, to pain and inconvenience, without in any degree promoting the cure.

This disease, I have already stated, is attended with various degrees of deafness, and thus, in like manner, will the degree of recovery be found to vary. The extent of deafness, during the disease, is not always according to the apparent injury which the tympanum seems to have suffered ; for in some cases the deafness is trivial, where the injury of structure is apparently great ; and in others, the deafness is complete, where the injury appears to be but small.

In the first stage, the inflammation and



thickening of parts will evidently obstruct the passage of sound between the external and internal ear.

In the second stage, the mechanical obstruction of a fungus, or polypus, must still more oppose the entrance of sound, and increase the degree of deafness.

On the suppression of the discharge, in the first or second stage, there is often a remarkable increase of deafness.

Of the real state of the parts it is impossible *à priori* to decide, as from their situation they are invisible; and it would be rash to determine how far the power of hearing is to be restored, or to flatter the patient with delusive expectations; but, whatever the state of the case may be, for the strong reasons already laid down, I conceive it always proper to make an attempt at a cure; the patient cannot be injured

by it, and there is always a chance of doing something in the way of relief, if the disease be not advanced to its ultimate stage.

Where the discharge has continued, it forms in part a medium for the transmission of sound; and, therefore, though offensive in the last stage, the hearing will be still more diminished if it be partially suppressed: thus patients in this state, after syringing their ears, hear better for a time, in consequence of the fluid acting as a temporary medium for the transmission of sound.

Though in very old cases cures may be performed, yet it is to recent ones chiefly that the Aurist is to look for success; but, owing to popular prejudice, the malady is too often slighted or temporised with; and hence it is generally in confirmed cases

only that he is consulted : for in the early period of the disease, when relief may be obtained, it is commonly neglected, till, tired out with the fruitless expectation of Nature curing herself, the patient has at last recourse to advice.

No complaint, perhaps, requires greater attention in tracing it through its different stages, and in varying the treatment of the disease according to these stages. No one remedy is to be trusted to ; but the circumstance of each individual case should be studied before any particular method is adopted.

The first stage of the disease will often yield to an injection of the *zinci sulphas*, or sulphate of zinc, used night and morning, which will often effect a cure in the space of three weeks or a month. It is apt, however, to leave a morbid sensibility of the



ear, which occasions pain on the entrance of loud sounds. The plumbi superacetas, or sugar of lead, is equally useful as an injection.

In some cases the continuance of these injections has been necessary for a considerable time; which it may be proper to state, in order, first, that the patient may not look for a speedy cure; and, secondly, that he may be induced to persevere a reasonable length of time.

In the second stage of the disease, the point is to extract the fungus, or polypus, with a pair of small forceps; and, if these excrescences do not come entirely away, to endeavour to pinch the roots till the whole is removed. The roots may then be touched with the argentum nitratum, as before mentioned.

On the removal of the fungus, or po-

lypus, the injection of zinc is to be used ; and, in a great number of cases, the hearing will be restored, and the discharge suppressed.

When the fungus, or polypus, is removed, the morbid state is then reduced to the same as I mentioned in the first stage.

In all cases of this disease where a cure is completed, the healing process seems to be effected by the extension of the cutis, or skin of the meatus, into the tympanum, and its becoming continuous with the membranous lining.

This fact is confirmed by dissection in several cases of the disease, where such a continuation clearly appeared.

After a cure, as a free passage of the air takes place, it occasions a drying of the thinner or watery parts of the discharge ;

the remainder accordingly becomes inspissated, and is the cause of occasional increase of deafness: but though this be the case, if a practitioner, when consulted, ascertains that there has been a previous discharge, he should be extremely cautious of employing any forcible means to remove it, lest he should endanger the re-production of the former disease.

M. Itard, in his work, mentions that species of deafness occasioned by a morbid secretion of the tympanal cavity. When the usual remedies have been employed without avail, he has recourse to tepid injections into the cavity of the tympanum, in order to soften and remove the substances, which, by continuing in this situation, produce the defect in the power of hearing. This operation, which he denominates immediate or direct medication of the internal



ear, may be performed in three different modes. 1. By an opening, spontaneous or artificial, into the mastoid cells. 2. Through the membrane of the tympanum: and 3. Through the Eustachian tube.

The perforation of the mastoid process was recommended by Riolanus, and actually practised with success, about the middle of the last century, by Dr. Jessera, a Swedish Physician, and not long afterwards by another Swede, Professor Hagstroem. Every one acquainted with the anatomy of the parts knows the possibility of injecting the mastoid cells; at the same time, in my opinion, it ought never to be attempted until every other means have been resorted to; and then by a person who has had experience in acoustic surgery; for M. Itard relates the unfortunate instance of John Tustin Berger, physician

to the king of Denmark, whose death, in 1791, was attributed to the consequences of this operation, of which he had made trial on his own person.

## II. *Obstruction of the Eustachian Tube, requiring perforation of the Tympanum.*

FROM its puriform discharge, the next affection of the tympanum I have to consider is the influence produced on it by the obstruction of the Eustachian tube.

By this obstruction a very great degree of deafness is produced, and air can no longer be admitted into the cavity of the tympanum, while the included portion of air is either absorbed or else it remains.

If it remain, it becomes condensed, and counterbalances the pulses of air excited by sounding bodies ; if it be absorbed, the

membrane of the tympanum is carried by the pressure of the atmosphere as far as its limits can go, and in this case cannot vibrate, as it ought, to any considerable degree. That this last opinion is the most just, is confirmed by dissection, which has shown the tympanum in a number of cases filled entirely with mucus, and consequently, that the air had been absorbed.

The cause of the obstruction of the Eustachian tube, as before stated, is either syphilitic ulcers, or sloughing from the cynanche maligna, or putrid sore-throat.

It is on the healing of the ulcers that deafness ensues ; for then the obstruction becomes complete, and the opening into the throat is, as it were, sealed up : besides these causes, a polypus, or one depending from the pharynx, has occasionally produced the same obstruction ; and an enlargement of



the tonsils, where it continues, as in some cases, permanent, has been attended with the same effect.

This species of deafness is attended with no peculiar or diagnostic symptom to mark it, except the actual loss of hearing. There are neither distressing noises in the ear, nor any of those other sensations which indicate a diseased state of the auditory nerve, or certain morbid causes acting upon it.

The true criterion to distinguish this is, that some conspicuous disease of the throat always precedes it; and, therefore, the previous history from the patient is of great consequence in ascertaining it.

On examining the parts in this case by dissection, I have found that the obstruction lies in the cartilaginous extremity of the tube. There are instances, however,

where the obstruction depends on an increasing or superabundant ossification, filling up the substance of the bone.

In such cases the disease is slow in its progress, different from the former, and at the same time shows no obvious cause,

Though this species of deafness is highly formidable, yet the cure of it has been in many instances accomplished, by means of an operation first suggested, and successfully performed by Sir Astley Cooper: to this he was naturally led by the important observation, that the sense of hearing, though imperfect, is not destroyed in cases of suppuration of the tympanum, or its partial injury from other causes: hence, as deafness is complete from obstruction of the tube, from no entrance being given to the air, he very rationally supposed that, by making a small puncture in the mem-

brane, in order to allow the air to get access, the machinery of the ear would thus be set in motion.

The experiment confirmed the justice of the idea; and hearing has been preserved in a number of instances in this way, not only by Sir A. Cooper, but by myself and others.

M. Deleau very justly observes, that the tympanum is useful but not absolutely necessary to hearing. Fishes and reptiles want it altogether; and there are numerous instances of individuals who have lost it in part, without the sense of hearing being at all impaired by the deficiency, but on the contrary, the faculty has in consequence become more developed. For the first few days after such an accident, the hearing is somewhat affected by the change of structure, though it soon recovers its former



acuteness. The accident indeed is somewhat similar to the loss of one or two of the front teeth, in which case the speech becomes at first altered and difficult, but in a short time the person recovers his wonted pronunciation.

It has been supposed that the operation was first performed in this country, but we find in the *Annals of Medicine*, of Altenbourg, for the month of November 1816, an epistle quoted which had been written to the celebrated Haller, and in which it is stated that M. Eli, a Parisian surgeon, had been in the habit of curing deafness, by perforating the tympanum in cases where there was no paralysis of the seventh pair of nerves.

M. Saissy regards the perforation of the tympanum as the only means of cure where

this membrane is thickened, cartilaginous, or ossified, or when the Eustachian tube is completely obstructed or obliterated, whilst the other parts of the organ of hearing remain perfect and undiseased. M. Itard only mentions the obliteration of the Eustachian tube, as indicative of this mode of cure.

The operation is performed by simply passing the instrument into the meatus, and pushing it through the anterior and inferior part of the membrane of the tympanum, for in this position the manubrium of the malleus will be avoided ; a circumstance particularly to be attended to, in order that no part of the machinery may be injured.

Immediately on making the perforation, a little crack will be heard by the patient,

like the tearing of parchment, from the rapid entrance of air through this narrow aperture. In directing the instrument care should be taken that it does not penetrate the vascular part of the membrane so as to occasion an effusion of blood; otherwise the success of the operation may be defeated.

When the operation is properly performed, hearing is instantaneously restored: by the perforation a new substitute is made in the small aperture for the Eustachian tube, and the air being thus admitted into the tympanum, the action of the membrane, and of all the connecting machinery, is in a certain degree re-established.

Some surgeons have performed the operation with a common probe.

One great obstacle to success after the



operation, is the great tendency of the punctured tympanum to reunite, and in such cases, the only danger of a relapse of the complaint is the closing of the puncture. To avoid this, a larger perforation may be made; but then, in proportion, is the membrane of the tympanum diminished, and consequently the acuteness of the sense of hearing lessened.

The small opening, therefore, is to be preferred, even should a re-union take place. When this happens, it is generally three or four days after the operation, though sometimes I have seen it later.

The most favourable circumstance is when the sides become fistulous, for then the sense of hearing is certainly saved.

When re-union takes place, the operation requires to be repeated, and there is

no danger attending it. In one patient, Mr. Saunders performed it three successive times in a very short period; and then, not wishing to have occasion to repeat it, he made a sort of laceration, which was successful in preserving the opening; but the degree of hearing, he acknowledged, was lessened by this enlargement.

## CHAPTER IV.

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### DISEASES OF THE INTERNAL EAR.

THE diseases of the labyrinth, or internal ear, may be divided into the constitutional or local, or such as influence it from a morbid condition of the brain, and such as arise from a change in its whole structure.

#### I. *Constitutional.*

OF all the causes of deafness, that which proceeds from an organic affection of the



brain is, of course, the most dangerous. In apoplectic cases, with faltering of speech and blindness, we find deafness also produced by the general affection of the head. But worst of all is the case where a tumour of the brain compresses the origin of the nerves; for here the deafness is complete, and no impression can be conveyed through the organ to the mind.

A tumour, however, in the vicinity of the organ of hearing, though it runs its course, and proves fatal in the end, has rather a contrary effect; and even while the pupils are dilated, and there is every appearance of pressure on the brain, a morbid acuteness takes place, in consequence of the surrounding inflammation. Indeed, the auditory nerve often becomes acutely sensible in disease, or the patient suffers from acuteness of perception, or has

a *tinnitus aurium*, or singing of the ears, analogous to the flashes of light which sometimes affect the eyes in total blindness, and which those experience who are blind from cataract.

So morbidly acute does sensation become in some persons under disease, that the least motion of the head will excite a feeling like the ringing of a great bell close to the ear.

In delirium also, in vertigo, in apoplexy, and in hysteria, the increased sensibility of the organ becomes a painful sensation. In paralytic affections of the face, we find there is deafness in the corresponding ear, if the affection of the nerve be near the brain; which is explained by the intimate connexion between the auditory nerve and the communicating one of the face. From

observing the course of the latter nerve through the temporal bone, and its connexion in the tympanum, we know why, in violent tooth-ache, and in *tic douloureux*, we find the Eustachian tube and root of the tongue affected.

The ear is also sometimes affected by sympathy, from foulness of the stomach and bowels; and the same reason may be assigned for the symptoms of hypochondriasis—that they are affected with strange sounds, and in the case of intestinal worms, we find murmuring and ringing of the ears a symptom.

Of the organic diseases of the ear, there is little to be found on record. It would seem, at times, that the fluids become so altered in their consistence as to prove an absolute destruction of the organ, and fre-



quently a cause of deafness : the whole internal ear has been found at times filled with a substance of a caseous appearance.

A disease also of the auditory nerve, like that of the retina, or optic nerve, in the gutta serena, is no unfrequent complaint ; and in several cases lately, I have treated it like amaurosis, with considerable success.

Deafness in acute fever is considered a favourable sign ; as it argues, according to the old theory, a metastasis or translation of the morbid matter ; or rather, according to modern opinion, it shows a diminution of morbid sensibility of the brain. The accumulation in the vessels of the brain, or in those surrounding the auditory nerve, will also produce deafness, and unusual sensations of the ear. This we find instanced in suppression of the menses, and

in hæmorrhoids, surfeits, &c.; in which cases it is found preceded by vertigo and head-ache.

In comparing the diseases of the ear and the eye, we find a considerable analogy subsisting between them; but in those of the eye there is one advantage, that the transparency of its humours is a leading mark to direct us, which we do not possess in the case of the ear: but in judging of the diseases of the internal ear, we should always endeavour to determine, whether it is in the seat of sense or in the brain that the real affection lies; otherwise our attempts to relieve will be ineffectual.

Mr. Abernethy observes in his Surgical Observations, that in most cases of deafness, “there is probably a state of irritation, and a tendency to inflammation, throughout the passages of the ear. The external meatus

may be unusually sensible, the secretions being either suppressed, or discharged in an unnatural quantity. The lining of the Eustachian trumpet is thickened; and hence it becomes particularly obstructed. It must be admitted that such a state of the organ is likely to be aggravated by a cause, which maintains or produces irritation of the nose. When dulness of hearing, also, depends on a torpid state of the nerves, it may be caused by the same circumstance, which is known to affect the sensibility of other nerves.

“ Indeed, I have remarked that the hearing of many persons has considerably varied with the state of their health in general; so that I felt no surprise from the occurrence related in the following case.

“ A gentleman applied to me on account of some pseudo-syphilitic symptoms, which



I told him would gradually become well. I advised him, at the same time, to be particularly attentive to the state of the digestive organs, which were generally disordered. He took five grains of the pil. hydrarg. every second or third night. The disorders for which he had consulted me were all removed in the course of two months, when I received a letter from him, saying, that he thought it a duty he owed to me and to the public to inform me, that the lenient course of mercury, which I had recommended, had cured him of a considerable degree of deafness."

## II. *Local.*

FROM the constitutional diseases of the internal ear I next proceed to examine the local; and, however varied the change of

structure on which they may depend, they have all been comprehended and treated under the vague, and, perhaps, too general term of nervous deafness.

The general symptoms by which this species of deafness is distinguished are, various kinds of noises affecting the head, and communicated from the seat of the organ.

At times, these noises seem somewhat to resemble the murmuring of water; at other times, they may be compared to the hissing of a tea-kettle as it boils over; on other occasions, they are represented by the patient as like the rustling of leaves, the blowing of wind, &c.: all these noises are to be considered as false perceptions in the organ, not arising in the nerve itself, but in the condition of the parts about it.

There is a particular species of this

deafness which represents a beating noise, like a pulse; this noise is much increased by any bodily exertion occasioning an increased action of the heart. The cause of this species clearly depends on an irritation of the arterial system; but whether depending on the small arteries of the labyrinth, or on the internal carotid artery, which passes close beneath the cochlea, is uncertain; but whichever of these may be the cause, it gives rise to the same false perceptions as in the other species.

All species then of nervous deafness may be considered as peculiar modifications of constitutional disease, affecting the nervous system in general, and connected with that state which constitutes the hypochondriac and hysterical habit. The general morbid disposition is here extended to a particular sense, and by viewing it in this



light the change of the constitutional affection must form the basis of the cure. It is by considering it in this just point of view that proper principles of treatment can only be adopted, and that much may be done to remove this species of the complaint. The hysterical spasm of the throat and primæ viæ becomes naturally, from the connexion and sympathy of nerves, communicated to those of the ear ; and deafness in most cases is a never failing symptom with hysterical patients. In the same manner that torpor of the stomach and primæ viæ, so characteristic of hypochondriasis, occasions a dull sensation and torpor of the auditory nerve, and produces that noise and confused impression so often complained of in hypochondriasis.

M. Itard very truly observes, that

nervous deafness may proceed from four different causes. 1. From commotion of the acoustic nerve. 2. From convulsions. 3. From apoplexy. 4. From certain fevers. In many instances, however, hearing is paralysed without any antecedent disease, without any known cause, and without any apparent lesion of parts.

Deafness from blows or falls, occasioning commotion of the acoustic nerve, is far from being uncommon.

Deafness from convulsions is rare in the adult, but very common in childhood.

It very often supervenes after an attack of apoplexy.

After fevers, as all must have often remarked, it is very common.

It is not unfrequently sympathetic of some derangement of the digestive organs.

—In all of these cases it is more manageable than when it arises without apparent cause.

M. Itard gives a case of paralysis of the labyrinthic nerve coming on gradually, and without any assignable cause; which, after having resisted galvanism, stomachics, repeated emetics, and other means equally unavailing, yielded to large doses of *limaturæ ferri*, taken before each meal. Itard latterly increased the dose to a drachm and a half per day; and, to assist the cure, applied the actual cautery to each mastoid process. The result was, that from being totally deaf, she so far recovered her hearing as to be able to converse at table, and bear her part in general conversation.

In some cases, M. Itard fumigates the ear and Eustachian tubes with ether, vinegar, tobacco, &c.



A wide field, therefore, opens here for new principles of treatment, by attacking the constitutional cause ; and that much relief may be obtained by the application of constitutional means, experience daily evinces. It is from not keeping that analogy in view that nervous deafness is so formidable to most surgeons.

In all cases of this nervous deafness, when it affects one ear, I may observe, it is in general rendered worse by the conduct of the patient himself ; for when the organ of one side is injured, we hear so much better with the other, that we only attend to the sensation conveyed by it, and neglect the duller sensation. The effect of this is, that the diseased ear becomes worse, and the same consequence arises as that which takes place in the eyes by squinting.

In attending to the treatment of nervous

deafness, if the practitioner is early applied to, and the disease is still in its first stage, it may be considered in general as curable; and even cases of long standing, when properly treated, admit of considerable relief.

In entering upon the treatment of nervous deafness, it is essential to observe, that a great similarity exists between it and that species which arises from a syphilitic cause. In nervous deafness, therefore, it is proper to inquire minutely into the history of the case, and to ascertain from what source the disease originates.

Several cases of nervous deafness, proceeding from the latter cause, have come under my care, which yielded to a regular course of mercury, and the function of the organ was in all completely restored.

Again, where the connexion of the dis-

ease with the above cause is not so clear, instead of the treatment prescribed, a strict antiphlogistic course, if the patient be able to bear it, will often prove successful; namely, powerful saline cathartics, of which the best is the vitriolated magnesia: the doses should be repeated as often as the strength of the patient will admit; and in the intermediate time small doses of the submuriate of mercury are to be administered, to promote absorption, by taking off any thickening of the parts, which is apt to impede the due performance of the functions of the organ.

This practice will in incipient cases succeed: and, if not completely, will at least palliate the predominant symptom; and in all cases it ought to have a fair trial, for deafness should never *à priori* be considered as incurable.



At the same time, it must be confessed that the diseases of the internal ear are involved in much obscurity. Dissections have proved that a total deafness may exist without any apparent defect in the mechanism either of the external or internal ear.

This has been shown by the dissection of several cases of persons who had been deaf during life. On examination of these cases, every part appeared perfect; even the nerve and its expansion showed no trace of morbid change; and the alteration, whatever it was, was too minute for either the knife or the eye to detect: it consisted, perhaps, in an original want of power in the nerve to receive impressions. This is equally another proof of its connexion with hysteria and hypochondriasis, where

the nervous system is in part affected, as is too often observable.

But though I have stated that nervous deafness in its first stage is generally curable, much will depend on the time the treatment is continued, and on the perseverance of the patient and the practitioner.

In some instances a cure has been accomplished in a very short period; in others I have found it necessary to persevere for a considerable time, and recovery at last has taken place.

With respect to the application of topical remedies to the ear, gentle stimulants in form of liniment, as a portion of the essential oils mixed with the oil of almonds, may be beneficially introduced into the ear, where, being retained, they

will serve as a substitute for the natural secretion, and at the same time increase the sensibility of the passage.

All the advertised nostrums are preparations of this kind; and, so far as they supply the secretion, and gently stimulate the passage, in some cases they may be useful: but as to the notion that they are to remove an organic affection of the part, the various species of which I have described, it only shows the complete ignorance of those who expect success from such inadequate means of relief.

As I have observed that there is so little to be done by medicine in confirmed cases of deafness of long standing, arising from imperfect organization of the ear, I have with much pains collected a variety of contrivances to assist hearing, many of which I have obtained from the Continent, in



order to give all possible relief in such distressing cases.

The newest inventions of this kind are the artificial ears introduced into this country from France, where they were originally manufactured.

By being closely adapted to the ear, they increase the collection of sound; but besides that, there is an additional force wanted to transmit it through the passage. In this respect, the French invention is deficient: to remedy its defect, I have added a small tube, which, by contracting the passage, will occasion the sound to enter with greater impetus. This invention is found very convenient, in consequence of the substitutes being applied over the natural ear, which they are made to resemble.

The Spanish ears, also, made of shells,

answer very well : but, at the same time, I must remark, that these mechanical contrivances, although found to be more serviceable than any thing of the kind in general use, yet they do not apply with equal success in all cases ; and there are, in fact, cases in which no mechanical contrivance can be of use.

With some patients, the German silver ears answer better than any others ; but are objected to by many, on account of their weight, and being more conspicuous than the French ears ; it also being necessary that they should be fixed by a spring, which goes over the head.

The French ears, being made of a light substance, where they answer the purpose, are generally preferred.

I have also invented a hearing trumpet, forming a parabolic conoid, on the same

principle as the speaking trumpet used at sea, which is so well known to answer the purpose, in extending the impression of sound. It has this convenience, that it shuts up in a small case for the pocket.

Many other instruments might be noticed, some of them of complex construction, which I possess; but I have found none to answer the purpose better than the hearing trumpet alluded to.



## CHAPTER V.

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### DEAFNESS AND DUMBNESS.

THIS state may be considered as the most forlorn situation of patients labouring under affections of the organs of sense; there is here, as it were, a complication of malady, for the affection of the ear is always the cause of the want of speech : even where the hearing is recovered, it has surprised many to find how slow the attainment of speech is in those born deaf and dumb, who by perforating the tympanum, and other means, have recovered the sense of hearing.

But when we recollect that this sense gains little aid from any of the others, and how slow the proper judgment in matters of vision is in one born blind, and who has had his sight restored by an operation, as in judging of distances, the surprise vanishes. The reader will see the force of this remark more strongly, when he considers how slowly a foreign language when spoken is comprehended by one who, though fully competent to read and translate it, has never heard it used in conversation.

To remedy this inconvenience as quickly as possible, we are, in such cases, according to the judicious advice of M. Deleau: 1. To habituate the ear to the impression of sounds, in order to regulate its sensibility; 2. To teach the restored organ how to appreciate the value and diversity of tones; 3. To call the attention of the brain to this

new-born sensation ; and, 4. To develop the memory of sounds.

It has occurred, when hearing has been restored to one born deaf and dumb, that the new sensation, instead of being agreeable, has caused great pain, and even agony, when strongly excited. The remedy, in such cases, is evident : let the ear be by degrees accustomed to its function, and thus gain strength by exercise. To give hearing to a deaf person, and, consequently, the faculty of speech, is to put a musical instrument into the hands of a person who has no notion of music, and who has never seen nor heard the instrument played upon.

The Medico-Chirurgical Society some time ago published a paper of Mr. Swan's respecting the physiology and pathology of the ear, in which he presumed that people born deaf and dumb, and who had no defect



in the auditory nerves, might be made to hear through the medium of the facial nerves, and thus have their unfortunate situation amended. To substantiate this opinion, he has adduced a case, in which the external passage to the ear was imperforate, and sounds were heard through the nerves on the face. The person can also speak intelligibly.

Mr. Swan thinks that the reason why those who are born deaf are not more frequently able to acquire a degree of perfection in hearing, is because their whole attention is apt to be taken up with signs, and no methods have been generally used to increase the power of the provision usually made by nature for supplying the defects occasioned by imperfections of the tympanum.

“ Presuming that what I have said is

well founded, it is not reasonable to expect that the powers of the facial nerves should ever be fully developed in dumb children, if their instructors do not direct the whole, or by far the greater part of their attention to the proper exercise of these nerves. And if this is to be done effectually, it must probably first be by the assistance of instruments, to increase the effect of sound ; and when these have been properly used, and have answered the intended purpose, then by gradually lessening their power until common sounds can be heard.”—336\*.

In treating of the deaf and dumb, M. Itard points out the necessity of ascertaining the cause. Does it originate in an obliterated tube,—in a diseased state of the membrane of the tympanum,—in an

\* Vide Medico-Chirurgical Review.

accumulation of extraneous matter in the drum of the ear,—or in a paralysis of the acoustic nerve? At one time M. Itard believed, that congenital deafness arose almost invariably from the last of these causes; but greater experience has led him to know that more frequently some one of the preceding causes gives rise to the deafness and consequent dumbness in such subjects, and that the disease is more remediable than medical men have been hitherto led to imagine.

Deafness, and consequent dumbness, in very young children, very frequently proceeds from matter lodged in the drum of the ear, of which the following is a striking example related by M. Deleau.

Victoire Gilbert, a deaf and dumb child aged seven, was brought to me on the 15th Nov. 1820. She was so deaf that she



could only hear loud thunder, or the report of a cannon when near to it. A sound, directed into the meatus, caused acute pain as soon as it touched the membrane of the tympanum.

I operated on the 17th Nov., in spite of the resistance which the child made to the operation. In a few days, by means of injections, the cavity of the tympanum was disgorged of all the matter which it contained, and the child evinced all the signs of perfect hearing. If a carriage passed, she ran to the window; tunes played on the piano-forte gave her great delight, and she seemed to look about for sounds as if they were palpable or visible.

On the 19th Dec., the child quitted St. Mihiel, to reside with her uncle at Toul. At this period she began to pronounce some words, though in an under

voice, her character seemed to develop itself, and the expression of her countenance became more open and intelligent. By degrees, she wholly recovered, and heard and spoke distinctly.

Jeanne Jacquinot, aged twelve, of a good constitution, was attacked with a disease, when four years of age, which left her completely deaf. She lost her speech by little and little, so that at the time she was brought to M. Deleau she could only pronounce the word *papa*.

He examined this girl on the 11th Nov. 1820. Her nose and throat were well-formed, there were no appearances of inflammation in the meatus, which was large and straight, which made it easy to see the tympanum, and it was apparently thickened and of a whitish colour.

The operation was performed on the

left side, and part of the substance of the tympanum destroyed. The right tympanum was simply perforated.

Immediately after the operation, the child heard distinctly every sound made either in the room or in the street. The ears were injected on the sixth day, when the water thrown in by the meatus passed out of the nose through the Eustachian tubes.

A third case of M. Deleau's is that of a boy, deaf and dumb from birth, cured when nine years of age, and is related by that eminent physiologist M. Majendie, which has excited much interest both here and on the continent.

In May, 1824, M. Deleau announced to the Académie Royale des Sciences, that he had succeeded in restoring the sense of hearing to a child who had been deaf from



its birth. But though, having acquired the power of hearing sounds, a person thus restored is very far from having obtained the real pleasures of hearing sounds of every kind, the words we employ in addressing him, those which he endeavours to repeat, are sources of new and delightful sensations ; but they are void of utility. He is ignorant of the advantages of speech, and can scarcely imagine, that by it he may be enabled to express his wants and his thoughts. M. Majendie having shortly stated the difficulties under which an individual thus circumstanced is placed, proceeds to give an account of the patient in question. The account is drawn from a report made by commissioners appointed for the purpose by the academy.

‘ Claude Honoré Trezel, at this time ten years of age, born at Paris, of poor

parents, was of that class of the deaf and dumb which cannot hear the loudest noises nor the most violent explosions. His countenance had little expression ; he dragged his feet in walking, and his gait was tottering. He did not know how to wipe his nose, and he made his principal wants known by a certain number of signs.

‘ The operation by which his hearing was restored is not new. It consisted in the injection of air, or of different liquids into the cavity of the tympanum. The first few days after the developement of hearing was a season of continual delight to the child. Every kind of noise caused him an inexpressible pleasure, and he sought for them with great eagerness. He was, however, some time before he perceived that speech was a means of communication ; this he still attached, not to the sounds

that issued from the mouth, but to the movements of the lips. Accordingly, for some days he thought that an infant of seven months old spoke, because he saw the movements of the lips. He was soon taught his error, and that the importance belonged to the sounds.

‘ It happened, unfortunately, that he heard a magpie pronounce some words,—then, generalizing this fact, he thought that all animals could articulate, and actually endeavoured to make a dog speak. He employed considerable violence to make him say, ‘papa,—du pain,’ the only words which he himself could pronounce. The cries of the poor animal alarmed him, and he desisted from his attempt.

‘ The earlier period after the development of hearing, wrought a considerable change in the physical state of Trezel. His



walk became firmer, the mournful air of his appearance gay and smiling ; he learned to wipe his nose, and ceased from dragging his feet.

‘ A month elapsed, and Honoré remained almost in the same state. Absorbed by his new sensations and observations, he could only catch the different syllables that formed the words ; and he was almost three months before he could distinguish compound words, and that of the short and simple phrases. He required much time also to enable him to distinguish the direction of sounds. A person being confined in a room where there was an infant, and addressing him, it was with considerable difficulty that he could discover the person who spoke, and even then, it was rather from his eyes and reason than from the sound, that he discovered it. The organ

of voice is composed of a number of different pieces; among which are muscles, bones, cartilages, and membranes. It would have been admirable, if, without any previous exercises, all these pieces could have acted in concord, so as to have produced the vocal sounds, and appreciable articulations; but this is not the case. The first sounds which Trezel pronounced without difficulty were, *a*, *o*, *u*,—the other vowels followed later; and the first words which he formed, were, “Papa, tabac, du feu.” When he wished to pronounce more complicated words, he made great contusions of the lips, tongue, and all the parts concerned in articulation. By degrees he was able to pronounce the more difficult compound words. When advanced thus far, he believed himself on an equality with other children of his own age; and satisfied with himself, and

proud of his new situation, he despised the companions of his misfortune, and refused to see them. Notwithstanding, however, this vanity, Trezel made very little progress in pronunciation. A vast number of syllables escaped him, or he articulated them in an extremely defective manner. Perhaps he would never have liberated himself from this difficulty, had he not ceased to depend entirely upon his ears, and assisted himself by his sight. They wrote several words, and he pronounced them much more articulately, catching with considerable clearness the assemblage of the vowels and consonants, and their reciprocal influence. Another very remarkable fact may also be stated, viz. that the association of the sight, and the movements of the larynx, was always prompt and easy ; while that of hearing, and the organ of voice, was always



difficultly and slowly exercised. For instance, as soon as Honoré perceived the written syllables, he pronounced them, if at the same time they were repeated to him ; but if the writing was removed, the syllables were in vain articulated in the most distinct manner ; he could not follow them.

‘ His pronunciation is very defective, and the *r* rolls disagreeably upon his tongue, and the differences in accent appear unknown to him. He exhibits also a phenomenon which has engaged the attention of the commissioners. When they spoke a word distinctly to him, he repeated it immediately. But if his instructor wished to address his understanding, signs and expressions of countenance were employed.

‘ It would have been thought, that after having acquired a new mode of expressing his wants and ideas, he would have neglected

that which had hitherto served him, and which is inferior to speech; but hitherto the contrary has happened. The natural language of Honoré, *i. e.* by signs, instead of going gradually into disuse, and being replaced by speech, has gained rapidly a striking perfection, much superior to what he possessed before he had acquired the sense of hearing.

‘ In recapitulation, Honoré Trezel, who was completely deaf, so as not a year ago to be able to hear the loudest noises, understands all kinds of noises, knows when they come from a distance, distinguishes their character, avoids carriages and horses, and proceeds to open the door when any one knocks. He is pleased with music, and can appreciate and repeat all the articulations of the French language. He obeys the spoken commands of his instructor; but

does not yet understand sufficiently other people ; and he learns, analyses, and repeats a number of phrases at length.'—*Journal de Physiologie, par Majendie*. Juillet 1825\*.

From the preceding cases, it will be seen, that this subject is not neglected by our professional brethren in France ; and by the success of the treatment of these affections, it will be found most advisable, wherever a case of deaf and dumb is presented, that the state of the ear should be particularly examined ; and there is little doubt, if hearing can be obtained, which I have found it can in many instances, that speech will naturally follow.

There is rarely a defect of organization in the faculty of hearing or speech, yet we often find the exercise of the former im-

\* Vide London Medical Repository.—Feb. 1826.



peded by casual circumstances. In this species of early deafness, it is difficult to know whether the child has been born deaf, or become so at an early age ; or, in other words, whether the deafness is the effect of malconformation or casual disease : and this difficulty has led to more uncertainty and confusion in the disorders of the ear than in any other organ.

In all cases the previous history of the child should be inquired into, and examination then made to ascertain the real cause, so far as it can be detected ; and if the child shows no weakness of intellect, I should recommend the ears to be well syringed, after the cerumen has been previously dissolved ; and if by means of an ear trumpet the child should appear to have a sense of hearing, I should recommend the treatment I have employed in the succeeding cases ;

for, in my opinion, no child should be given up as lost until every means have been resorted to. The plan I employ is simple, and therefore attended with no unpleasant effects.

There is no doubt, when nothing is done in the way of relief, the deafness becomes confirmed ; and in proof of this, it has been the observation of mothers, that at the time of teething they heard a little, and took notice of every thing ; but that afterwards they appeared completely deaf. This shows the necessity of early treatment, which it is hoped will not be neglected before any case of deaf and dumb is given up as lost.

It is clear the actual state of the organ is beyond our inspection ; but so peculiar are the affections of the ear, that in cases wherein I had entirely despaired, I have often by perseverance succeeded : from this,

I am induced to urge that a trial should always be made ; and so convinced am I from experience of the advantage of it, that at the Royal Dispensary for Diseases of the Ear, we attempt relief in all cases. The patient, by mild treatment, cannot be injured ; and if other diseases, equally unpromising, are every day relieved, reasoning from analogy, why should diseases of this kind be given up in despair ?

Several cases have occurred to me both in my public and private practice, where children have been very backward in acquiring their speech, which I had every reason to suppose proceeded from deafness ; for having had the ears syringed, and employing the means detailed in the annexed cases, a visible alteration soon took place, and they began to learn to talk very fast. In the same manner I am inclined to think that if



every child who is supposed to be born deaf and dumb were to have the ears *properly examined* and syringed, it would be frequently attended with very good effect, and these imperfections in many cases removed.

Instead of sitting down in hopeless apathy, and leaving the whole to nature or Providence, we should, on the contrary, use every means in our power to ascertain the cause of the original defect, and not think any thing beyond our reach or research. If disappointed in doing this, we can only then leave it to nature: but still the attempt should be made in the first instance, and not considered hopeless until proved so; for nature, we find, seldom errs in the perfection of her works, and it is only in a few insulated cases, that a real structural deficiency occurs. At present the principal

object is to substitute the perceptions through other senses, and thus to supply the loss in a very imperfect manner. But my plan, on the contrary, instead of trusting to the tedious effect of education, is directed at once to the actual developement of the natural and physical powers of the organs themselves.

Some useful information on these points may be obtained by the perusal of M. Beauvais de Preau's work on the Deaf and Dumb, who was formerly physician at Orleans.

## CONCLUSION.

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I HAVE thus traced, in the preceding pages, the various diseases of the Ear, and laid down the general principles of cure best adapted to each: but it is to be observed, with regret, that few attempts have yet been made by anatomists to trace the morbid changes or affections to which the ear is liable. On this subject we are almost destitute of information, while the diseased appearances of all the other organs of the body have been traced with great minuteness and attention, have been accurately examined and ascertained, and the symptoms



which accompany them recorded with precision and care.

But here, it must be confessed, there are many and great difficulties to obstruct our inquiries ; indeed, some of them would appear at first sight almost insurmountable. Nature, as we have seen, has placed the chief, and most important part of the ear, in the living subject, beyond the reach of our examination ; while, its diseases being rarely mortal, the ears are seldom dissected in ascertaining the causes of death.

The few, therefore, who have applied themselves to the subject of the elucidation of the morbid structure of the ear have been obliged to dissect such ears as came by chance in their way, without knowing any thing of the previous history of the person to whom they belonged, or the symptoms under which he laboured.

Thus, even though dissection may show the various morbid changes of the structure, the assistance of anatomy is still highly imperfect, in so far as these changes are not accompanied with a knowledge of the symptoms which distinguished them during the life of the patient.

To the above difficulty, a further one may be added, peculiar to this class of diseases, namely, that a clear and distinct account of the feelings can scarcely be expected from a deaf person, and is seldom obtained.

Though conscious of their imperfection, such persons are not aware of the numerous causes from which they may arise. The approach of deafness, also, is often slow and imperceptible, and unattended with pain, or other strong sensation, to mark its commencement.

Hence few strong impressions are made by it on the mind of the patient for a time, to awaken him to the approaching infirmity; and he loses the faculty of the organ so imperceptibly, that his friends often perceive it before he does himself.

It is from these difficulties, which have been met with by surgeons and anatomists in their attempts, that the subject of the ear has been so much neglected. But I am inclined to think, that the constant dissection of diseased ears, accompanied by due zeal and attentive research, will lead to much useful information; and comparing the symptoms observable during the patient's life, as often as that can be done, with the appearances of the ear on dissection, will enable us to trace cause and effect; and by so doing, adequate means of relief will come often to be discovered.



But though our knowledge may be thus enlarged in respect to the history and appearances of the diseases of the ear, we shall, perhaps, be often disappointed of success in attempting a cure. This cannot be otherwise, when we reflect, that of the diseases of the ear, one third is confined to the labyrinth, or internal ear; and as this part is totally inaccessible, no manual assistance can be rendered.

But though the aid of surgery is thus precluded, other secondary means may still be resorted to. Internal remedies are capable of producing changes of a salutary nature in a great number of local diseases, particularly in those organic affections, whose nature is known and discriminated.

The diseases of the ear, as I before observed, are often constitutional; and the general treatment of the constitution will

therefore influence the malady of the particular part. Thus syphilis, in its constitutional form and ultimate stage, attacks the ear, and deafness is produced by this specific cause.

The same course of medicines which removes the other constitutional symptoms has an equal effect on this organ; and if there are no other constitutional symptoms but deafness, then employing internal medicines, according to the regular method observed in the treatment of this disease, will restore the hearing.

Deafness is often the attendant of a cold, or inflammatory state of habit; in this state, purging, or aperient remedies, properly administered, will be successful.

Various other instances might be adduced, all tending to show that there are different morbid changes of this organ, as

well as of the others, which are curable by a general treatment acting upon the constitution, and thus indirectly affecting the part.

Nay, even the most difficult of the whole of this class of diseases, that which is termed *nervous deafness*, may, as we find in its first stage, be arrested in its progress, and thus rendered curable, if the proper analogy between it and other nervous diseases depending on constitutional habit be kept in view.

It may be considered also, that while, on the one hand, there are many and great difficulties, which present themselves in the prosecution of our subject, on the other hand, there are some advantages to counterbalance these, and to prompt us forward in our exertions.

In concluding the present work, there-



fore, I must again be allowed to urge, that though much may be done to give relief in diseases of the ear, much still remains to be learned in this branch of practice.

As a leading step to this, and that theory and practice may go hand in hand, I have succeeded, with the assistance and patronage of some of the first persons in rank, science, and professional celebrity, in instituting a Public Dispensary for Diseases of the Ear; where upwards of 6000 patients have been admitted, and where pupils have the fullest opportunities of examining the different diseases of the organ, of marking the success of their treatment, and of judging of the issue of any new plans that may be proposed, either by myself, or from the suggestion of others; several eminent professional characters

having kindly offered their assistance at the Dispensary.

From the success which has attended my exertions in this neglected branch of practice, others have been induced to direct their attention to it, and it is to be hoped that such extended investigation of the subject will, in a few years, place it in the same improved state as the other branches of medicine and surgery.

## CASES.

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### CASE I.

MRS. W. applied to me, under a violent inflammation of both ears, attended with much pain and fever.

After taking a few ounces of blood from the vicinity of the parts, and applying warm fomentations, the symptoms gradually subsided. It may be remarked, that her hearing was not much affected, although she could not hear sounds distinctly. By the use of laxative medicines, at the same time adopting an antiphlogistic plan, she is now perfectly recovered.

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### CASE II.

Samuel Mortimer, aged 24 years, was admitted a patient at the Royal Dispensary on



the 12th of November. He complained of otitis, or ear-ache, which was so extremely violent, that during the preceding night he had been totally insensible. On examination, I found the bottom of the right meatus inflamed, but the left without any apparent degree of inflammation, which was the more singular as he complained only of the left.

As the pain was still very excruciating, I ordered him some drops composed of tinct. opii, with ol. amygdal. in the proportion of about fifteen drops of the former to a drachm of the latter, which procured him instant ease, on being inserted into the passage; but as I considered it only a temporary remedy, I had recourse to the mode of treatment in the last case, and with the same happy result.

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### CASE III.

Miss G. sent for me late one evening, in consequence of a violent attack of ear-ache, which had continued without any intermission during the preceding day and night; and as her medical attendant had administered a variety of remedies without relief, I was desirous of clearly ascertaining

the cause of the disease. On inquiry, I found that she had caught cold at a critical period, and now laboured under strong inflammatory symptoms; having a furred tongue, violent head-ache, throbbing of the temples, with heat and constriction of the skin, and much disturbance of the respiratory and sanguiferous functions.

As she complained of coldness of the extremities, and great chilliness, I ordered her a warm bath; afterwards, as her bowels had been well evacuated before I saw her, I prescribed small doses of antimonials, with a view of promoting a general diaphoresis: strong fomentations were also applied to the ears. On calling the next day, I found her considerably relieved, and as the pain had not entirely subsided, I ordered three leeches to be applied behind each ear, as there appeared a fullness of the vessels of the part. By these means the complaint was shortly removed, and the re-establishment of her health completed by tonic medicines.

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#### CASE IV.

Mr. O. N. complained of otitis, to which he was very subject on the least exposure to cold, and

as it came on by paroxysms, I considered it as a chronic case, and connected with some affection of the brain. Viewing it in this light, I directed my treatment accordingly, as in cerebral affections, both by venesection and blistering to such extent as the violence of the symptoms required. By this treatment, and by attending to the proper state of his stomach and bowels, he is now perfectly recovered.

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#### CASE V.

George Robinson, a man of colour, was admitted at the Royal Dispensary on the 10th of May. He complained of otitis. When he first applied, his head was of a most enormous size ; and from his grotesque appearance he almost frightened the rest of the patients in the waiting-room. It appeared he had been drinking a few nights before, and having fallen asleep in the open air, he had caught cold : the inflammation had extended considerably, but with active treatment he recovered in the course of a fortnight.



## CASE VI.

Miss L. complained of an ulcer which covered the whole of her left ear. It was not attended with a puriform discharge from the tympanum; but merely the external part was diseased. As the ulcer had been of long standing, I was fearful that she would lose her ear, as she appeared of a scrofulous habit. After continuing the use of an alterative medicine for near a month, and applying the ointment of zinc to the parts affected, night and morning, they began to put on a better appearance. But in order to hasten the cure, I found it necessary to substitute the nitrated mercurial ointment, mixed with hog's lard; which, in the course of a month from her first application, completely restored her.

The ulcer, however, left a slight scar; but was not very observable.

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CASE VII.

Mr. C. applied to me with a puriform discharge from the tympanum, which had continued for some time. As it was in its first stage,

it yielded to a single astringent injection of the sulphate of zinc.

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### CASE VIII.

Col. W. applied to me, in consequence of a puriform discharge of the tympanum. On inspecting the tympanum, I found it injured; as air could be blown out of the meatus. By observing a strict antiphlogistic regimen, using an injection of the sulphate of zinc, and taking an alterative for six weeks, the discharge was suppressed, and the hearing restored.

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### CASE IX.

Mrs. N. applied to me, in consequence of a large polypus which came out of the meatus. It appeared after a puriform discharge from the tympanum. For some time air had passed out of the meatus, on blowing the nose: this symptom had ceased about the time the excrescence was first observed. I succeeded in extracting the polypus, which came out entire. After dressing

for a short time with the red nitrated mercurial ointment, the parts to which the polypus adhered healed. I conceived it necessary to adopt the alterative and purgative plan, which was carried on for about a month; at the expiration of which time she was quite well.

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### CASE X.

Miss W. was sent to me with a polypus in her left ear, attended with a puriform discharge from the tympanum; which had impeded her hearing so much, that her friends took her from school.

On inquiry, I learned, that she had had the discharge for some time. I extracted the polypus with a pair of small forceps; but was not able to bring it away entire. I afterwards pinched the roots, and applied the *argentum nitratum*, as recommended by Mr. Saunders.

I found it necessary to order an astringent injection, which, being used for some little time, succeeded in suppressing the discharge. As she was a girl of a delicate constitution, I administered the bark, joined with a chalybeate. Her hearing



is not only restored, but her general health also considerably improved.

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### CASE XI.

Mr. M'B. had been subject to a puriform discharge from both ears, which had troubled him, from his infancy. The discharge, when he first applied to me, was very considerable, and was extremely offensive; it was occasionally mixed with blood; and such was its acrimony, that the ears and neck were excoriated by it.

Observing my usual plan of not stopping the discharge hastily by the use of astringent injections, for fear of producing an inflammation of the brain, a caution, as I have frequently observed, necessary to be attended to in the treatment of diseases of this nature, I prescribed small doses of the submuriate of mercury, and twice a week some brisk purgative medicine, while blisters were applied behind the ears, and kept constantly open. After following this plan for some time, I ordered him an injection of the nitrated silver, which he used night and morning for a

month; at the expiration of which time the discharge was suppressed, and the hearing restored.

I am inclined to think that had the discharge been hastily suppressed, or the disease improperly treated, this case would have proved fatal, as the patient laboured at times under a cerebral affection.

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## CASE XII.

Mr. D., aged thirty-two, had been deaf of the left ear from his childhood. On inspection, I found it perfectly sound. The fault evidently lay in a deficiency of the natural secretion: by restoring this, by means of proper applications, and by observing for some little time a strict anti-phlogistic regimen, so perfectly has his hearing been restored, that he can hear the tick of a watch at the distance of four yards; which before he could not do unless held in direct contact with the ear.

## CASE XIII.

Peter Oliver was recommended as a patient to the Royal Dispensary. He had been deaf nearly four years when he was admitted. As I found it was a nervous affection, I applied blisters behind both ears, put him on an antiphlogistic plan, gave him small doses of submuriate of mercury, and occasionally a brisk dose of the vitriolated magnesia. In the space of five weeks he was perfectly well.

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## CASE XIV.

David Voir, a lad nine years of age, was admitted a patient of the Royal Dispensary on the 21st of March. He was a very delicate boy, and laboured under great difficulty of hearing. I treated this case in a similar manner to the former. The blisters behind his ears were kept open for a fortnight, and it was ten days before he found any considerable relief. He continued the use of the alterative and cathartic medicines for some time; which, although they relieved his



hearing, reduced him more than I wished. I put him on a strengthening diet, and administered the bark in small doses. He has now perfectly recovered his strength, together with his hearing, and is altogether much better in his health than formerly.

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#### CASE XV.

George Dawson, aged twenty-two years, was admitted a patient for an obstinate nervous deafness at the Royal Dispensary on the 28th of March. On inquiry, I found he had been deaf several years; and upon inspection, I found his ears quite dry, wanting the natural secretion: he complained of the noises in his head, frequently attending nervous deafness, which at times prevented him from following his employment. As he was a robust man, and of a plethoric habit, and was very desirous of obtaining his hearing, I took twelve ounces of blood from his arm, put a seton in the nape of his neck, and applied a blister behind each ear, which were kept open for a fortnight: he took five grains of the submuriate of

mercury every night, and an ounce and a half of the sulphate of magnesia twice a week; at the same time adopting a strict antiphlogistic regimen. He persevered in the use of his medicines for a short time. As he was reduced, I ordered him the bark. He was discharged on the 6th of May. I have seen him since the seton has healed, which it had not when he was discharged. He continues quite well, having his perfect hearing, and is not troubled with any noise whatever in his head.

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#### CASE XVI.

Mr. T. applied to me: his case was similar to the preceding one. I pursued the same plan, only in a milder degree. The blisters were applied; and not having the desired effect, I had recourse to the seton, which was kept open a month. The parts are now healed, and his hearing is perfectly restored.

## CASE XVII.

Mr. N., a gentleman resident in Ireland, wrote to me respecting his case; which, from what I could learn, appeared to be a nervous affection; for, besides being very deaf, his head was much affected with strange noises, which at times made him melancholy.

I prescribed nearly the same mode of treatment as in the preceding case, at the same time ordering him to lose six ounces of blood from the nape of the neck, in case the medicine and anti-phlogistic plan did not relieve him. I heard from him a short time since, to the purport that his hearing is much improved, and the noise in his head considerably abated.

His brother has since called on me to acquaint me he is now quite well.

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CASE XVIII.

Capt. D. applied to me with a considerable polypus of the left ear, which had troubled him for several years: it was attended with a profuse



discharge. As he had a great dislike to any operation, I had recourse to the ligature, as recommended in a former part of this work, and by passing the ligature with a probe to the bottom of the fungus, I succeeded in tying it, thereby stopping the circulation of the vessels. In a short time the polypus came entirely away, but as there was still a discharge, I had recourse to an injection of the sulphate of copper, which suppressed the discharge, and his hearing is most completely restored.

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### CASE XIX.

Amelia Stubbs, aged eighteen years, had been troubled with an obstinate nervous deafness for twelve years, without having obtained any relief. She applied at the Royal Dispensary on the 22d of September, and in about six weeks was discharged perfectly cured, by the method I have so repeatedly laid down, and so successfully adopted.

## CASE XX.

William Hill was admitted a patient at the Royal Dispensary on the 12th of June. His case is rather singular, having been born in the open air, as his mother was passing a common in coming from an entertainment. He informed me he had been deaf from his birth. By the usual means employed, he has perfectly obtained his hearing.

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## CASE XXI.

Sarah Green, five years of age, was brought by her mother to the Royal Dispensary on the 3d day of May. The child appeared very deaf, and of a listless aspect; by her mother's account, she passed restless nights, gnashed her teeth during sleep: appetite various, at one time indifferent, at another voracious. The child's appearance was sickly, the eye languid and heavy, countenance pale, and the upper lip somewhat tumefied; the bowels were irregular, and the stools dark and offensive.

Suspecting from the deranged state of the digestive functions, that the deafness might be sympathetic of this affection, I felt inclined to try the effect of gentle emetics, repeated twice a week, with doses of calomel intervening. I shortly had the satisfaction to find the stools become less foetid, the appetite more natural, and the general health and appearance of the child to improve; as these changes for the better took place, a corresponding alteration in the local affection of the ear accompanied these salutary and flattering changes in the constitution. In short, with a restoration to good health, there was also a complete recovery of the sense of hearing. No worms were observed to pass by stool, and the child remains perfectly well.

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## CASE XXII.

In about a week after the last case was dismissed cured, Master Macnamara, a fine boy, about nine years of age, was brought to my house, labouring under similar symptoms. From the efficacy of emetics in the case of Sarah Green, I had recourse to them in this; and without detailing



the symptoms at length, and the progressive and simultaneous disappearance of the disorder of the system and the sympathetic affection of the ear, suffice it that their use appeared equally appropriate, and their effect was equally beneficial.

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### CASE XXIII.

Master —, the son of a worthy Baronet, was exceedingly deaf when brought to me. He too was of a pale complexion and languid appearance, ground his teeth when asleep, and often when awake picked his nose; his bowels and appetite were irregular, stools fœtid and dark-coloured, belly hard and tumid, and frequently he complained of griping pains about the umbilicus.

Emetics were had recourse to without effect, but as the symptoms of worms were unequivocal, he was put on a course of strong anthelmintics, and vermes of the lumbrici kind were passed in abundance. The general health shortly after this improved daily, and what proves that the hearing was affected sympathetically, was the restoration of this sense on the other complaints being got rid of.

No topical means were applied in these cases,

but the cure was wholly effected by having detected and remedied the remote, yet indubitable source of the deafness.

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#### CASE XXIV.

Susan Vaughan was admitted a patient of the Royal Dispensary, on the 6th of September. She complained of a violent pain in her left ear, which annoyed her exceedingly: the meatus auditorius appeared considerably enlarged. By continuing the use of a stimulating liniment by means of a bougie, she was surprised one morning to find a worm, nearly two inches long, come from her ear; and by continuing the use of the application, in the course of a week a second was ejected, leaving a discharge, which yielded in a little time to an astringent injection. Her hearing is now perfectly recovered.

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#### CASE XXV.

Robert Cartwright had been deaf nine years when admitted a patient at the Royal Dispensary:

his deafness at the same time was attended with a puriform discharge from the tympanum. By adopting the plan already recommended, he is now quite well.

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### CASE XXVI.

Mr. Y. applied to me with a most obstinate case of nervous deafness, as he expressed himself, for which he had tried a variety of means to obtain relief; and being a medical man, he had consulted most of his acquaintance. As I considered it a good case for the new mode of practice I mentioned in the former part of this work, I began by excluding the external air from the meatus, which was continued for some days; at the expiration of a month he lost the violent noise in his head, which had so much distressed him, and in a fortnight after this, by continuing the plan, his hearing returned.

The number of cases of incipient nervous deafness, which I have successfully treated, only convinces me, that if early attended to, they are more easy of cure than is generally imagined.



## CASE XXVII.

Mr. Y., a young man twenty-seven years of age, applied to me with an obstruction of the Eustachian tube, which, from what he informed me, I was induced to think proceeded from a syphilitic cause. After using a stimulating gargle for some time without effect, I was induced to perform the operation of puncturing the tympanum, which succeeded instantly in restoring his hearing; but I had some difficulty in preventing the aperture from again uniting. The edges of the wound became fistulous, and in a few weeks the membrane recovered its usual tension; and his hearing is now restored. It may be proper to remark here, that in slight cases of obstruction of the Eustachian tube I have found a slight stimulating gargle of the greatest service, and in my opinion it deserves a trial in cases that are supposed to proceed from this cause: as the remedy is simple, its application cannot be attended with any unpleasant effect. It may, indeed, make the throat a little sore; but that soon goes off.

An obstruction may proceed from various causes, as I mentioned in a former part of the work; but the most frequent cause is a cold, when

the orifice of the tube becomes swollen: in that case a gargle is of great service.

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### CASE XXVIII.

Mr. W. came to me with an unusual sensation of both ears, which he had laboured under for some years. On inspection, I perceived there was a quantity of cerumen in a very hard state, collected at the bottom of the meatus. By continuing to syringe the ears, the whole was removed. On the first application of the syringe, which brought away a considerable quantity, he was able to hear the church clock strike, which he had not done for several years before. What makes this case rather singular is, that this gentleman conceived he laboured under a violent nervous affection, and came to me for the purpose of obtaining a trumpet; which not answering his expectations, I prevailed on him to let me examine the state of his ears. I need not mention that he was much pleased at being relieved by such simple means.

## CASE XXIX.

William Goring, a boy seven years of age, was brought by his mother to the Royal Dispensary. She informed me he had been both deaf and dumb from his birth. Although I did not give her any considerable hopes of cure, I was desirous of attempting relief. I accordingly employed the same mode of treatment as I have recommended in cases of nervous deafness; having, however, previously ordered the ears to be well syringed. He was admitted on the 4th February, 1825, and since that time his hearing has been regularly improving.

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## CASE XXX.

Miss B., aged fifteen years, had been from her birth deaf and dumb, and when she was first brought to my house, she could neither hear nor articulate a word. Being the daughter of wealthy parents, her education had been well attended to, for she could write remarkably well, and play on the piano-forte. This case I treated in a similar



manner to the preceding one : with the assistance of excluding the external air from the meatus, at the same time exciting a slight degree of inflammation at the bottom of it, my success was here equal, for the young lady can now hear and speak.

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### CASE XXXI.

Charles Vernon, aged twenty-eight years, was admitted a patient at the Royal Dispensary on the 24th of April, at the recommendation of a Royal Physician. On inquiry, I found he was deaf and dumb, and that he had been four years in the Deaf and Dumb Asylum in the Kent-road. As I was desirous of attempting relief, I employed the same means as in the preceding case, and not without considerable effect ; for in the course of a short time he was able to hear sounds distinctly. I regret that I had not an opportunity of following up the plan I had laid down, and which was pursued with so much apparent advantage, as he went to Scotland to superintend his brother's business, he being an excellent mechanic, content with, and grateful for, the benefit he had already received.

## CASE XXXII.

Miss W., a very interesting young lady, was brought to me by her mother, who informed me that she had been deaf and dumb from birth. By adopting local remedies and constitutional treatment, I have the satisfaction to find that she hears sounds, such as a clock strike, a dog bark, &c. which she did not do before; and by steadily following the plan of cure which I prescribed, her medical attendant and I concur in the well founded expectation that she will shortly obtain her perfect hearing.

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## CASE XXXIII.

Miss B. applied to me with an herpetic eruption of both ears, to which she had been subject at different times for the last five years. By taking the compound calomel pill regularly every night, for about a month, and anointing the external part of the ear with an ointment made of equal parts of the nitrated mercurial ointment and hog's lard, she is now perfectly well. It was, how-

ever, necessary to order her an astringent injection, which was continued for the space of ten days.

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#### CASE XXXIV.

Lady Y. applied to me with a swelling of the glands of the neck, from using a strong astringent injection, which she was recommended to try, by the advice of a friend, for curing a discharge from the ears. This nearly proved fatal. Several instances are recorded in the different medical journals lately, where stopping these discharges suddenly has been attended with most injurious consequences. By reproducing the discharge, and by exhibiting neutral laxatives, her ladyship is now quite well, and the discharge suppressed without any inconvenience.

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#### CASE XXXV.

Mary Robson was admitted at the Royal Dispensary, with a polypus in the right ear, of a large



size, which completely deprived her of hearing on that side. By removing it by ligature, she was cured.

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### CASE XXXVI.

Annette Brun, a poor Frenchwoman, was sent to the Dispensary. On admission, she was exceedingly deaf. As she had enlarged tonsils, by removing a part thereof, by means of a pair of forceps I have constructed for that purpose, she is now quite well.

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### CASE XXXVII.

Master Lewis was brought to me by the master of one of the schools in the neighbourhood of the Metropolis; he had unfortunately got a piece of slate pencil in his ear. One of the boys, or some unskilful person, had been trying to extract it; but in endeavouring to remove it had inserted it farther into the passage. When it had been in some

days, it produced great inflammation, pain, and fever. With the assistance of my auriscope, I was enabled to discover it, and after loosening the pencil I succeeded with the French forceps in removing it. On examination of the part, I found a small abscess had formed at the bottom of the meatus, which was dispersed by poultices of bread and milk, after gently evacuating the bowels, and taking a little febrifuge medicine. He is now perfectly restored to health and spirits.

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#### CASE XXXVIII.

Mr. S. applied to me one very warm day, saying he had something in his left ear, which annoyed him exceedingly, depriving him of his rest, producing great irritation of the nervous system, with much pain and swelling of that side of the head. His medical friend who accompanied him, had examined his ear, but could not observe any thing. After I had applied the auriscope, and minutely examined the meatus, I likewise could not observe any thing that was likely to produce such unpleasant symptoms; however, I lubricated the parts with some *Ol. Amygdalæ*, and afterwards

made use of my medical pump, charged with rose water and eau de Cologne. When a few ounces of the fluid had been injected I observed a small insect come away with it. He experienced instant relief, and was much pleased in being right in his conjectures. The insect must have penetrated the internal membrane of the meatus.

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### CASE XXXIX.

Thomas Smith, a private in the first regiment of horse guards, was admitted at the Royal Dispensary on the 3d of May. Independent of being very deaf, he had been affected, for three months preceding his deafness, with considerable derangement of the digestive functions; his appetite was bad, and acid eructations accompanied digestion; he was liable to severe nervous head-aches, and he complained of a sense of weight and uneasiness in the region of the liver, and on the top of the right shoulder. Judging from these symptoms that his deafness might proceed from the torpid and diseased action of so important a viscus as the liver, I put him under a gentle mercurial course; and in the course of six weeks I had the pleasure to see my



views of his case verified, by the restoration both of his health and hearing.

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### CASE XL.

Mrs. A. applied to me with a violent noise in her head, and consequent obtuseness of hearing. Her spirits were much depressed, her bowels were costive, and she complained much of the globus hystericus. These are symptoms which we do not find at all uncommon in females after a certain period of life.

By attending to her general health, and strengthening the tone of the whole nervous system, the noise in her head ceased, and she shortly afterwards recovered her perfect sense of hearing.

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### CASE XLI.

Louisa Green, a married woman, who was the mother of thirteen children, was admitted a patient at the Royal Dispensary on the 10th of August. She was of a delicate and feeble constitution,

of a spare habit, and extremely nervous. About seventeen weeks previous, she had caught cold in her head, accompanied with deafness; which last had progressively increased. By tonic remedies, and stimulating applications to the ear, she got perfectly well in five weeks.

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#### CASE XLII.

Mr. V., a native of Switzerland, complained of a dulness of hearing, with great noise and pain in his head, which at times was so violent as almost to distract him. His whole appearance indicated a melancholic temperament; and having reason to suspect a deranged action in the liver, I ordered him an alterative course for three weeks, and afterwards sent him for a fortnight to the Leamington Spa, from whence he returned perfectly recovered.

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#### CASE XLIII.

Mr. M., a principal clerk in a public office, from want of sufficient exercise, and having too

much intellectual exertion and consequent constipation, had impaired his health, and become deaf, with a perpetual noise in his head; which he compared to the singing of a tea-kettle. By the administration of bark, bitters, aloetics, and by gently stimulating the ear, he was cured.

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#### CASE XLIV.

Mrs. G., a widow lady, was troubled with a violent noise in her head, attended with total deafness, from great nervous irritability and domestic circumstances. When I was called in she was completely insane. With the concurrence of her physician, I bled her profusely, and gave her brisk purgatives, and applied a blister to the head, also a seton to the nape of the neck. The noises which she complained of in her head, which, according to her account, were extraordinary, have entirely left her; and she has regained her faculties and hearing, so as to enjoy common conversation.



## CASE XLV.

Miss K., a young lady from Ireland, of superior accomplishments, was subject to considerable hysterical affections, attended with their usual symptoms, such as dejection of spirits, anxiety of mind, effusion of tears, difficulty of breathing, sickness at the stomach, palpitations at the heart, &c.

As she had been very deaf for some years, and had consulted many of the most eminent practitioners in town and elsewhere, I did not give her much hopes of cure; but as her relative who accompanied her was very desirous that I should attempt something by way of relief, I began by gently evacuating the bowels, and applied strong stimulants behind the ears, and joined with the use of tonic medicines and generous diet, I have the pleasure to state the young lady is now perfectly recovered in her health and hearing.

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## CASE XLVI.

Mrs. D., a married lady, consulted me; whose case was similar to the preceding one, only that

she complained of violent noises in the head and ears. What made this case the more distressing was, that being possessed of all the luxuries of life, her spirits were so depressed, she was rarely free from shedding tears, even at church, the theatre, or elsewhere : she had two fine children, an indulgent husband, and, as she often expressed herself, was perfectly happy. I must remark here, her deafness was not considerable ; but by the usual means I employ in this species of nervous deafness, I was successful in obtaining her hearing, and getting rid of the noise in her head and ears. She recovered her spirits in some measure ; and as I thought change of air would be of service to her, I recommended her to go to Cheltenham. I have heard from her since, informing me she is now quite well.

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#### CASE XLVII.

Miss G., a native of Pennsylvania, applied to me with an obstinate nervous deafness, which had baffled many of the American practitioners. Besides being extremely deaf, she was likewise subject to hysterics.

It appears that women of a delicate habit, and whose nervous system is extremely sensible, are those who are most subject to hysteric affections; and the habit which predisposes to these attacks, is acquired by inactivity and a sedentary life, grief, anxiety of mind, late hours, dissipation, a suppression of the customary evacuations, &c.

Conceiving this case to proceed chiefly from a deranged state of the nervous system, I treated it similar to the two preceding ones, and with the happiest effect, as the lady has now returned to her own country perfectly relieved.

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#### CASE XLVIII.

Mr. Q. had consulted most of the profession in London and Edinburgh, when he applied to me. He complained of great pain in his head, especially at night, which disturbed his rest. This gentleman had been a long while in the West Indies, and had formerly lived a very free life. He had no appetite, and his bowels were at one time costive, at another time lax. By attending to the regulation of the constitutional symptoms, and thus giving tone to the nervous system, by



passing a seton through the nape of the neck, and throwing warm injections into the ear, he became perfectly well.

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### CASE XLIX.

Mrs. N., a case similar to the preceding one, had been electrified regularly every day for nearly six months, without effect, and had likewise been galvanized: indeed I never knew either of these remedies of any permanent use, although I and my pupils have given them a full trial at the Dispensary. The electrical machine I employed was one of extensive powers, being constructed for the late Mr. Royston. In this case the same constitutional and local treatment was equally successful as in preceding ones.

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### CASE L.

Master P., a fine youth, became quite deaf on one side, from the blow of a ruler, which was inflicted by one of the ushers of the school. The

deafness had been preceded by violent hemicrania, but the internal ear had not suppurated. By blistering, alterative medicines, and stimulating injections, the boy eventually recovered his hearing.

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### CASE LI.

Lieut. R., an officer in the royal artillery, became deaf in consequence of a violent explosion of a large barrel of gunpowder, which had affected him for some years; but by a continued course of alteratives, and repeated blistering, his hearing became very much improved.

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### CASE LII.

Mr. F. became deaf from a severe cold, caught by being washed overboard on the passage between Dover and Calais, having only escaped with his life. By appropriate means, as indicated by the case, and varied according to the progress of the cure, his hearing was restored.

## CASE LIII.

Mr. B. had the tympanum perforated by an unskilful practitioner, for a slight defect in hearing; the effect of which was to make him completely deaf. I could cite several other instances of equally unhappy results. By mild astringent and stimulating injections, my patient was much relieved.

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## CASE LIV.

Thomas Nevenson, a carpenter, was admitted a patient at the Royal Dispensary on the 3rd of February. He had some time before received a fall from a scaffold, and remained insensible for some days. Blood had flowed freely from the ear; and on his senses returning, he found himself deaf. Leeches were applied to the external ear and neighbourhood, and afterwards a perpetual blister kept open behind the ear. He took full doses of the neutral salts thrice a week, and in the course of four weeks was quite well.



## CASE LV.

Mr. F. received a severe blow on the right side of the head, when attached to the army in Lisbon, in the year 1811. He applied to many medical men of eminence, but without receiving any relief. During the campaigns from 1811 to 1814, the constant exposure to cold, damps, and night air, completely confirmed his deafness, which continued obstinate on that side.

About two years ago, when in America, Mr. F. began to be affected with deafness in his left ear, which daily increased, attended with violent headaches, dyspepsia, constipation, &c. He went to Scotland for his health, and there remained nine months; at the end of which, he found his deafness in that ear so great, attended with a copious discharge, that he could only hear when one person was speaking with a loud voice, very indifferently. He is now perfectly cured on that side, and considerably relieved on the other.

To adopting local remedies, combined with a constitutional treatment, I have to attribute the success of the case.

## CASE LVI.

Mr. C. was troubled very frequently with epileptic fits, which he observed to me were always preceded by dimness of sight, noise in the ears, and complete loss of hearing. After the paroxysms had subsided, the dimness of sight left him, but the noise in the head and deafness continued, attended with great debility, although not to that extent as before the coming on of the fit.

Upon inquiry, I found he had been subject to worms; and as I have known them to produce epilepsy and deafness in other cases, I was desirous of employing strong anthelmintics, combined with the other remedies for his deafness. The vermifuge medicines had the desired effect; for he voided a worm of the tape kind nearly twenty inches long. His hearing by degrees returned; the noise in his head left him, and he has not had a recurrence of a fit for the last nine months; whereas before he used to have them frequently, at least once in about three weeks.

However, I do not wish to be understood that epilepsy always proceeds from this cause; on the contrary, it frequently proceeds from blows, tumors, polypi, violent affections of the nervous sys-

tem, fits of passion, sudden frights, great emotions of the mind, frequent intoxications, &c. ; I merely wish to observe, before prescribing any remedy for the relief of a disease, it is essentially necessary to endeavour to find out the cause.

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### CASE LVII.

Miss P., aged five years, being left to the care of a servant of a thoughtless disposition, during the absence of her mother, in consequence of her fretting, the servant carried her into the cellar, by way of frightening her. This had instantly such an effect upon her, that she became entirely deaf and dumb, in which state she was brought to me. After an inquiry into the cause of these defects, I considered it as a case of nervous deafness, and treated it as such. She has considerably recovered her hearing and speech, but still the influence of the fright has not left her ; but I trust, from the present advantages gained, that in the end the cure will be complete.



## CASE LVIII.

Miss A., ten years of age, was brought to my house, by her mother, very early one morning, being quite deaf, and nearly insensible. When I had recovered her a little, I found she had been considerably frightened during the preceding night by her elder sister, who, it appeared, slept with her. I pursued the same plan as in the former case, and with the same success.

I insert this with a view to deter any one from alarming children, as it is an evil that remains a long time, sometimes till death; not unfrequently producing epilepsy, and a long train of diseases.

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## CASE LIX.

Dr. B., a physician of some eminence, consulted me for an odd noise in his head, which he could not account for, attended with deafness, and great depression of spirits.

The case appeared to be hypochondriacal, as it was attended with inactivity, a want of resolution to set about any thing, great despondency, and

apprehension of evil upon the slightest grounds, and a dread of danger from any unusual feeling, even of a trifling kind, together with flatulency of the stomach and bowels, acid eructations, costiveness, spasmodic pains in the head and other parts of the body, giddiness, and palpitations: in fact, to detail his symptoms would outstretch our limits. Suffice it to say, that attending to the digestive functions, as he was much troubled with dyspepsia, and administering strong nervous medicines, different from what he had before taken, I have the satisfaction to find he is now quite well, and able to attend his professional duties; at the same time having his perfect hearing. One thing I recommended to him, and which, I am persuaded, tended much to the recovery of his health, was taking constant exercise on horseback, instead of riding in a carriage.

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Hypochondriasis frequently attends nervous deafness, and by removing the latter, you cure the former. The disease seems to depend on a loss of energy in the brain, or a torpid state of the nervous system; induced by various remote causes, such as close and intense study, long and serious

attention to abstruse subjects, the constant remembrance of some material loss or disappointment which has occurred, great anxiety of mind, leading an inactive, indolent, or sedentary life, immoderate indulgences, or the use of crude, flatulent, or unwholesome food, being guilty of great irregularity and intemperance, as likewise from a variety of other causes. As to its prognostic, the disease, if recent, is rather to be regarded as troublesome than dangerous; but if long continued, it is apt to produce scirrhi of the viscera, cachexy, dropsy, incurable melancholy, or madness.

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#### CASE LX.

James Butler, twenty-four years of age, born deaf and dumb, who had been several years in the Deaf and Dumb Asylum, was recommended to the Royal Dispensary, under my care. By a persevering use of the means already mentioned, he now hears; and, as he is still under my care, I trust I shall be able to dismiss him with the faculty of speech, for his character seems changed by the relief he has already received; and he shows a cheerfulness and alacrity he never appeared to have before.



## CASE LXI.

George Morgan, without father or mother, was sent by the rector of this parish to the Dispensary. On admission, I found he was quite deaf and dumb. His forlorn situation made me anxious to give him every relief. I employed here the means I have already detailed in these unfortunate cases; and since he has been under my care, he has acquired a sense of hearing, which, I trust, will be preliminary to that of speech, as he shows already some efforts.

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## CASE LXII.

George M'Nab, aged six years, was admitted a patient at the Royal Dispensary, on the 4th of May, 1825. He had been deaf and dumb from birth, and at times appeared weak in his intellects. As his father wished something to be done by way of relief, I applied blisters behind the ears, and had them well syringed; but the blisters were obliged to be discontinued, as the glands of his neck were much affected. After the blisters

had been healed, the boy complained of acute pains through his head, which he communicated to me by signs. I had his ears fomented, as there appeared great fullness about the head and ears. I prescribed small doses of alterative medicines, which he took every other night for three weeks, and occasionally, a brisk dose of a purgative medicine.

On his first admission, his ears were quite dry, apparently without any secretion. One morning his nurse observed a quantity of dark-coloured pus on his pillow and night-cap, which had issued from his right ear : in about a fortnight afterwards a similar discharge was observable from the other ear. I recommended the fomentations to be continued, with a view of encouraging the discharge; and after it was suppressed, I had the satisfaction to find a healthy secretion of cerumen take place. I am inclined to think that there were tumors in the vicinity of the organ of hearing, or on the brain, which gave way in the first instance to the alterative plan. Since he has obtained his hearing his speech has followed, and his manner and appearance are altogether improved.

## CASE LXIII.

John Jacobs, in consequence of fever, had a discharge from both ears at the age of four years, which having ceased, left him completely deaf. He lost his speech gradually, and at the time he was brought to me by his guardian, he could not hear or articulate a word. He was a native of Amsterdam; and as he had been under the care of a physician at the Hague, who had applied blisters behind the ears, and administered a variety of remedies, without success, I was desirous of perforating the membrane of the tympanum, which operation I performed on the 2d of February. I succeeded in restoring his hearing instantly, which continued until the 7th inst., when the orifice made in the membrane partly closed, and he by degrees returned to his former state of deafness. I repeated the operation on the 20th, after immersing the instrument in a weak solution of the acidum nitrosum. After the operation he did not hear so well as when it was before performed, but I had the satisfaction to find that the orifice continued open, and the hearing continued to improve. But I do not attribute the cure so much to the operation as to the after



treatment. The submaxillary glands being much affected when he first came to England, which recovered by the use of small doses of hydrargyrum cum creta, his speech has now returned, and his hearing continues perfect.

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#### CASE LXIV.

Mary Haines, aged four years, was admitted a patient at the Royal Dispensary on the 22d of September. This child was born deaf and dumb, and at the time she was brought to me she could neither hear nor speak. Her mother has had six children, and this is the only one that is deaf. The mother thinks the occasion of her daughter's imperfection was from her being frightened by a horse when in a state of pregnancy. This child had the usual remedies applied. From her emaciated and weakly state when she was first admitted, I was fearful she would not live; but in this I was disappointed, as her general health is much improved. She is now attending the Dispensary, and I anticipate a favourable result.

## CASE LXV.

Mary Ann Hague, aged seven years, was first admitted a patient at the Royal Dispensary, Jan. 12th, 1823, at the particular request of one of the governors. At this time, she was completely deaf and dumb. On inquiry, I found that she had originally a fever, which lasted some time, during which she was in great danger, her life being despaired of. On her recovery, the loss both of hearing and speech were complete.

After having the cerumen dissolved, and the ears well syringed, I applied the blisters behind the ears, which were kept open six weeks; at the same time putting her under a course of gentle alterative medicine. These means appeared to have no effect; consequently, I discontinued them, and applied stimulants within the meatus, and both internally and externally to the throat, and in the vicinity of the ear. Even this plan did not succeed, which made me inclined to give up the case; but in consequence of the importunities of the mother for an only daughter, who was also a very interesting child, I was induced to continue my exertions. From the success of blistering in other cases, I considered it as still affording the

best chance of recovery. I accordingly put her on my first mode of treatment ; and so successful has it proved since that time, that this day, April 10th, 1826, after three years attendance, I have the satisfaction to state, that she can now hear and speak.

I insert this case to confirm the observations I have made on the necessity of perseverance in the treatment, and not to give up any case without repeated trials.

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#### CASE LXVI.

Master B. from the country, was placed under my care, being to all appearance deaf, and unable to speak many words. As I conceived in this case, as in most others, that if he could acquire his hearing, his speech would naturally follow, in this I was not disappointed ; for since he has acquired the sense of hearing, he has increased his powers of speech ; and by the last accounts from his father, his progress is every day becoming more rapid, to the satisfaction of his friends.



## CASE LXVII.

Mrs. L. came to me with her only son, a child of three years of age, who, she was apprehensive, was born deaf and dumb, as he appeared to take no notice of any thing. On examination, I observed a quantity of hardened cerumen at the bottom of the passage; which, by being dissolved and removed, I had the satisfaction to find, on applying a trumpet to his ear, that he appeared to hear, which he did not before. He has now both his hearing and speech.

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From the perusal of the Cases enumerated in the different species of deafness, and the favourable issue of them, it cannot be too strongly impressed on practitioners, that in all diseases of the ear, arising from whatsoever cause, perseverance is an essential point, and one on which I consider the favourable issue of these cases chiefly depended.

Although no visible alteration should take place for some weeks, still the patient is not to be

abandoned, and some further changes made, so as to modify the treatment to the apparent circumstances. From no remedy have I found greater effect in cases of deaf and dumb, than from blisters applied behind the ears, and continued gently open in the form of an issue. The period of continuing this issue must be regulated by the appearance and progress of the amendment.

In very young children, backwardness of speech, although it frequently points out a want of hearing, yet the latter does not often arise from any organic or permanent defect; for if the ears are *completely syringed*, and the other means employed as I have before stated, a sensible change has been observed to take place, and the children have very soon acquired their speech. This is a sufficient inducement for early attention; which, if regularly paid, I flatter myself there would not be then found so many suffering from this malady.

If the prejudice so long entertained in this country, that diseases of the ear are incurable, could be removed, and persons labouring under this defect would at an early period of the malady apply for relief with the same alacrity as for other diseases, there cannot be a doubt but that the greater number of cases would be cured, by yielding to proper treatment; but one great source of

error is, that patients are not sufficiently aware of the danger which is often connected with deafness.

Every accumulation of blood in the head at a certain period of life is marked by a slight attack of deafness ; and if this symptom be long neglected, and proper means not employed, we not unfrequently find that apoplexy ensues, or some other affection of the brain ; the means, therefore, that remove the deafness, by diminishing cerebral congestion, reducing the action of the heart and arteries, and emptying the *primæ viæ*, will be equally successful in removing the alarming mischief.

Indeed, when it is considered, the near connexion of the ear and the brain, and the intercourse of the nerves and blood vessels which takes place in all the organs of sense with the brain, there can be no doubt, that in all affections of this primary organ the adjacent parts become more or less affected and take on the cerebral disease, so that no cure of deafness can be completed without ascertaining its original source.

In the same manner deafness occurs as a symptom in nervous and irritable constitutions, particularly in females of a delicate chlorotic habit, and is often combined with hysteria, dyspepsia, and affections of the stomach ; in this condition the



general diseased state of the nervous system is communicated through the brain to the portio mollis of the auditory nerve; and the means of treatment here must be directed to the system at large, and not limited to the idea of merely removing the imperfection of the ear.

As it is an admitted fact that the stomach is the grand centre, with which every organ sympathises, so every derangement of this organ will necessarily extend its influence to distant parts, particularly those of acute sensibility; hence the deafness, and often dimness of sight, which accompanies the morbid state of system. How vain, therefore, would be the attempt to remove these partial symptoms of imperfect hearing, without attention to the general derangement of the constitution, and without restoring the stomach and bowels to their natural and active condition, and giving a full play to the circulating and secreting powers of the system.

These facts are sufficient to show that deafness is not that simple and uncomplicated malady, too commonly credited by general opinion; on the contrary, it is to be received often as the forerunner of serious and fatal consequences, and should, with all persons somewhat advanced in life, be noticed

with attention, and its cause particularly inquired into.

Though it is allowed that the diseases of the ear are not numerous, yet, compared with other classes of disease, the misery they entail by excluding the sufferers from the intercourse of society, renders these affections objects of high consideration.

In consequence of the establishment of the Royal Dispensary, I have had opportunities of treating diseases of the ear to a greater extent than others, and accordingly I have seen the necessity of occasionally varying and amplifying all fixed modes of practice. This circumstance leads me to speak with confidence on what can be done in Acoustic Surgery, as the result of observation and experience.

In proof of the advantages of the treatment recommended in this work, I have the pleasing satisfaction to state that my principles of cure have been adopted by the most eminent of the profession, not only in this country but in France, Italy, Germany, and America.

FINIS.

**Royal Dispensary**  
**FOR DISEASES OF THE EAR,**  
**FOR THE RELIEF OF THE POOR,**  
**DEAN STREET, SOHO SQUARE.**  
*INSTITUTED 1816.*

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THE Diseases of the Ear affect every rank of society ;  
and to the lower classes, engaged in a variety of domestic  
occupations, Deafness is a most serious misfortune, as it



either causes them to be dismissed from their situations as servants, or, if they are retained, it is attended with much inconvenience to their employers.

It is to obviate these evils, so distressing to the lower orders, that the present Institution is established, in which every surgical aid is given that the nature of the subject admits; and if the inconvenience cannot altogether be remedied, the patient is supplied, free of expense, with such artificial means as have been found by experience useful in such imperfections of the organ.

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Every Subscriber of One Guinea per Annum is entitled to one Patient always on the Books; Two Guineas entitles two Patients, and so in proportion; Ten Guineas constitutes a Life Governor.

Cases of accident, and cases of Deaf and Dumb, are admitted without letters of recommendation.

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By the last Report of this Charity, it will be seen that upwards of 6120 Patients have been received, the greater number of whom, to the satisfaction of the Governors, have been cured or relieved, and thereby rendered capable of following their various employments, for which before many were incompetent.

The benevolent views of the Charity are not confined to the inhabitants of the metropolis, but extend to every individual.

THE PLAN OF LECTURES  
ON THE  
**Anatomy, Physiology, and Pathology**  
OF  
**THE EAR,**

BY JOHN HARRISON CURTIS, Esq.

*To commence on Monday, 2d October, 1826,  
At Seven o'clock in the Evening,*

**At the Royal Dispensary,**

No. 10, DEAN STREET, SOHO.

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ARRANGEMENT OF THE COURSE.

IN the Introductory Part will be considered, the Importance of the Sense of Hearing as the medium of social intercourse; the various degrees of this Sense in the several tribes of Animals; with the different construction of the organ for that purpose.

The Anatomy of the Human Ear will be described, as divided into external, intermediate, and internal parts; and the description will be illustrated by anatomical preparations.

The Physiology, or Uses of the different parts of the Ear, will be next examined.

On finishing the Structure and Uses of the Ear, the various Diseases occasioning Deafness will then be considered, treating them in the same order in which the Structure has been described.

This order will comprehend, first, the affections of the Meatus Auditorius, or external Ear ; secondly, those of the Tympanum, *viz.* its puriform discharge, and the Obstruction of the Eustachian Tube, with the operations : thirdly, the Diseases of the Labyrinth, whether constitutional, as nervous, scrofulous, syphilitic, &c. ; or local, as Paralysis of the Auditory Nerve, defective Organization, &c.

The Subject will conclude with general Remarks, applicable to this class of Diseases, to which will be added, considerations on the best means of treating the Deaf and Dumb.

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A CLINICAL LECTURE will be given during each Course on the most important Cases that occur at the Royal Dispensary.

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The LECTURES will be continued regularly, the same as the preceding Seasons ; namely, from the 1st of OCTOBER until the latter end of MAY.















